

Case Number:	CM15-0113218		
Date Assigned:	06/19/2015	Date of Injury:	06/30/2012
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury to the back and knees on 6/30/12. Previous treatment included physical therapy, chiropractic therapy, bilateral knee surgeries, injections and medications. In the most recent documentation submitted for review, a Doctor's First Report of Occupational Injury dated 4/16/15, the injured worker complained of neck and low back pain with radiation into the shoulders and bilateral upper and lower extremities associated with numbness and tingling and knee pain with swelling, popping, clicking and giving way. Physical exam was remarkable for bilateral knee crepitation on range of motion. Current diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain, status post bilateral knee arthroscopic surgery with severe osteoarthritis, bilateral foot pain and gait dysfunction. The treatment plan included a course of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Corset Brace Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. There is no documented instability in this case and there is no acute injuries, therefore, the request for corset brace purchase is determined to not be medically necessary.

Bilateral Knees Low Profile Varus Unloader Brace Purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/Unloader Braces for the Knee Section.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. This injured worker has osteoarthritis with positive patella apprehension and positive patella grind tests bilaterally. The use of an unloader brace is recommended by the ODG for osteoarthritis. The use of an unloader brace with the use of the BioniCare knee device has positive outcomes than with the BioniCare device alone. The request for bilateral knees low profile varus unloader brace purchase is determined to be medically necessary.