

Case Number:	CM15-0122678		
Date Assigned:	07/06/2015	Date of Injury:	10/28/1983
Decision Date:	07/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/25/2015

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: Family Practice

CLINICAL CASE SUMMARY

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

The injured worker is a 62 year old male who sustained an industrial injury on 10/28/1983. Mechanism of injury was cumulative trauma with bilateral knee pain. Diagnoses include Pes Anserinus Bursitis, abnormality of gait, and localized osteoarthritis of the lower leg. Treatment to date has included diagnostic studies, status post bilateral total knee replacements, and he had an additional right total knee redo due to loosening on 01/23/2015, physical therapy, massage, use of ice and use of a Transcutaneous Electrical Nerve Stimulation unit. The injured worker is disabled. His current medications include Pantoprazole, Oxycodone, Naproxen Sodium, Omeprazole, Docusate Sodium and Amitiza. A physician progress note dated 06/05/2015 documents the injured worker complains of knee and lower leg pain. He rates his pain as 10 out of 10 on a scale of 0 to 10 for this last week, and the pain is constant. He also has headaches, fatigue, swelling, locking and weakness. He has continued difficulties with activities of daily living. His pain is affecting his mood and ability to sleep and concentrate. He has moderate effusion of the left knee, with warmth noted over the right knee. Trigger points are palpated in the quadratus lumborum bilaterally. Left knee extension is 0 degrees and right knee extension is + 40 degrees. McMurray's test is positive on the right and Patellar compression test is positive on the right and there is moderate laxity with varus and valgus stress of the right knee. He gait is antalgic on the right. The treatment plan included reordering his medications of Oxycodone and Amitiza. Treatment requested is for Durable medical equipment spinal Q brace quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment spinal Q brace quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5 and Page 301.

Decision rationale: The MTUS/ACOEM guidelines comment on the treatment modalities for an occupational low back complaint. In Table 12-5 these guidelines describe a number of different effective treatment modalities for symptom relief. On page 301 the MTUS/ACOEM guidelines state the following on the use of lumbar supports, such as a spinal Q brace. They state the following: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In this case the records state that the patient has "Chronic Non-Specific Low Back Pain." There is no further description as to whether the patient has received a sufficient trial of the recommended modalities described in the above cited guidelines. Further, as noted, lumbar supports have not been shown to have any lasting benefit. For these reasons, the use of a spinal Q brace is not a medically necessary treatment.