

Case Number:	CM15-0026800		
Date Assigned:	02/19/2015	Date of Injury:	08/19/2012
Decision Date:	04/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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: Florida, New York, Pennsylvania
 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 44 year old female who sustained an industrial injury on 08/19/2012. Current diagnoses include four months post-operative anterior cruciate ligament reconstruction of the left knee, right knee with increased compensatory knee pain, and lumbar discopathy with possible radiculopathy. Previous treatments included medication management, anterior cruciate ligament reconstruction of the left knee on 09/2014, long leg brace, and 12 physiotherapy visits. Report dated 01/20/2015 noted that the injured worker presented with complaints that included increasing pain in both knees and low back. Physical examination was positive for abnormal findings. Utilization review performed on 02/04/2015 non-certified a prescription for neoprene brace with hinges-bilateral knees, purchase and lumbar spine brace (velcro), purchase, based on the clinical information submitted does not support medical necessity. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neoprene brace with hinges and bilateral knees (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: The patient is 4 months post-op. While the patient does report significant pain that may be inhibiting her progress she is not reported to have any significant degree of excessive joint instability or congenital anomaly. Prophylactic bracing and prolonged bracing for ACL deficient knees cannot be recommended. Therefore the UR Non-Cert is supported.

Lumbar spine brace (velcro) 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): 298.

Decision rationale: There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Recurrence of regional low back pain is not uncommon, regardless of whether or not the pain is work related. In fact, a prior history of low back pain or sciatica is a powerful predictor of a future episode. There had been no report of recent spinal surgery that could benefit from temporary stabilization (4 months post-op). The requested device has not been found to be of any clinical utility and therefore its use cannot be supported. The UR Non-Cert is supported.