

Case Number:	CM15-0090289		
Date Assigned:	05/14/2015	Date of Injury:	09/07/2014
Decision Date:	06/19/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/11/2015

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: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 09/07/2014. He has reported subsequent low back and left knee pain and was diagnosed with sprain/strain of the knee, leg and lumbar spine and osteoarthritis of the knee and lower leg. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 03/10/2015, the injured worker complained of back and knee pain. Objective findings were documented as showing sciatica neuritis and osteoarthritis but no specific physical examination findings were documented. A request for authorization of lumbar orthosis and prefabricated adjustable rigid left knee brace was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of lumbar orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)low back chapter, lumbar supports.

Decision rationale: The patient was injured on 09/07/14 and presents with back pain and knee pain. The request is for PURCHASE OF LUMBAR ORTHOSIS. The RFA is dated 04/17/15 and the patient's work status is not provided. The report with the request is not provided. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar supports state, "prevention: Not recommended for prevention. There is strong inconsistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, recommended as an option for compression fractures and specific treatments of spondylolisthesis, documented instability, and treatment for nonspecific LBP (very low quality evidence, but may be a conservative option). He is diagnosed with radiculitis near thoracic/lumbar and osteoarthritis NOS knee lower leg. The patient has sciatic neuritis and osteoarthritis. No further exam findings are provided. Treatment to date has included oral pain medication and physical therapy. The reason for the request is not provided. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. Therefore, the requested purchase of lumbar orthosis IS NOT medically necessary.

Purchase of prefabricated adjustable rigid left knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment index, 13th Edition (web), 2015, Knee and Leg brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)knee & leg chapter, knee brace.

Decision rationale: The patient was injured on 09/07/14 and presents with back pain and knee pain. The request is for PURCHASE OF LUMBAR ORTHOSIS. The RFA is dated 04/17/15 and the patient's work status is not provided. The report with the request is not provided. ACOEM Guidelines page 340 states, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability, although its benefits may be more emotional than medical." The ODG Guidelines under the knee chapter does recommend knee brace for the following conditions, "Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture." He is diagnosed with radiculitis near thoracic/lumbar and osteoarthritis NOS knee lower leg. The patient has sciatic neuritis and osteoarthritis. No further exam findings are provided. Treatment to date has included oral pain medication and physical therapy. The reason for the request is not provided. Review of the reports does not indicate the patient has had a recent surgery. Given that the patient has not been diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, medial collateral ligament (MCL) instability, knee instability,

ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture, the requested left knee brace IS NOT medically necessary.