

Case Number:	CM14-0145365		
Date Assigned:	09/12/2014	Date of Injury:	07/19/2013
Decision Date:	10/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female, who reported an injury on 07/19/2013. The mechanism of injury was due to a slip and fall. The injured worker's diagnoses included post-traumatic anxiety, bilateral shoulder sprain or strain, lumbar spine sprain or strain, bilateral elbow/forearm contusion, bilateral wrist/hand sprain, bilateral hip sprain or strain, and bilateral knee sprain or strain. The injured worker's past treatments included medication and physical therapy. Her diagnostic testing was noted to include a lumbar spine MRI performed on 10/30/2013 which revealed a protrusion at the L4-5 level. A right shoulder MRI was performed on 03/31/2014 revealed mild to moderate tendinopathy of the anterior rotator cuff with no evidence of full thickness or partial thickness tear. There were no relevant surgeries included. On 08/12/2014, the injured worker complained of pain to multiple body parts to include her shoulders, back, legs, knees, and ankles. Upon physical examination, she was noted to have tenderness with muscle spasms over the paraspinal muscles bilaterally. Her range of motion was painful and restricted. She was also noted with diffuse tenderness over the bilateral thigh, knee, leg, ankle, and foot. The range of motion was painful and restricted as well. Her current medications had been noted to be Nabumetone and Omeprazole. The request was for bilateral ankle brace, bilateral knee brace, and lumbosacral orthosis back support. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral ankle 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 for Workers' Compensation (TWC) Ankle & Foot Procedure Summary (last updated 07/29/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle, Bracing (immobilization)

Decision rationale: The request for bilateral ankle brace is not medically necessary. The Official Disability Guidelines (ODG) does not recommend bracing in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. According to a systematic review of treatment for ankle sprains, for mild to moderate ankle sprains, functional treatment options, which can consist of elastic bandaging, soft casting, taping, or orthosis with associated coordination training, were found to be statistically better than immobilization for multiple outcome measures. The injured worker was noted to have diffuse tenderness over the bilateral ankles and painful range of motion; however, there was no documentation with evidence of a clearly unstable joint. The injured worker was noted to have completed some physical therapy, but there was a lack of documentation with regards to the efficacy of the treatment. In the absence of documentation with evidence of significant objective functional improvements from physical therapy and evidence of an unstable joint, the request is not supported at this time. Therefore, the request is not medically necessary.

Bilateral knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation (TWC) Knee and Leg Procedure Summary (last updated 06/05/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee brace

Decision rationale: The request for bilateral knee brace is not medically necessary. The Official Disability Guidelines (ODG) may recommend prefabricated knee braces for patients who are noted to have knee instability, ligament insufficiency/deficiency, reconstructed ligament, meniscal cartilage repair, and painful unicompartmental osteoarthritis. The guidelines may recommend knee brace with custom fabricated knee braces for patients with conditions like severe osteoarthritis, severe instability as noted on physical examination of the knee, and maximal offloading of painful or repaired knee compartment. The evidence that knee brace is used for treatment of osteoarthritis to mediate pain relief and improve function by unloading the joint remains inconclusive. The injured worker complained of pain to her knees, and was noted upon examination to have diffuse tenderness over the knee and painful and restricted range of

motion. The documentation did not provide evidence of knee instability or other significant conditions to warrant knee bracing at this time. In the absence of documentation with evidence of severe instability, severe osteoarthritis, or significant conditions, the request is not supported. Therefore, the request is not medically necessary.

Lumbar sacral orthosis (LSO) back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation (TWC) Low Back Procedure Summary (last updated 07/03/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for lumbar sacral orthosis (LSO) back support is not medically necessary. The California MTUS/ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. More specifically, the Official Disability Guidelines (ODG) may recommend lumbar support as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. There was very low quality evidence for treatment of nonspecific low back pain. A systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low back pain. For treatment of nonspecific low back pain, comparing with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain and at improving functional capacity at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, this evidence was limited. The injured worker was noted to have restricted and painful range of motion to the lumbar spine upon examination; however, there was no documentation of instability. There was very low quality evidence that treatment with lumbar support for patients with low back pain would be more effective than with no lumbar support. In the absence of documentation with evidence of instability and significant objective functional deficits, the request is not supported at this time. Therefore, the request is not medically necessary.