

Case Number:	CM14-0150436		
Date Assigned:	09/18/2014	Date of Injury:	07/22/2011
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 internal medicine and is licensed to practice in California. 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 patient is a 53-year-old male with a date of injury on 07/22/2011. He has bilateral knee pain and low back pain. X-rays reveal severe arthritis of bilateral knees. He has failed physical therapy and occupational therapy (PT/OT) and has had injections of Supartz injections as well. He is using Mobic, naproxen cream, and Lorazepam for medication treatment. Current request is for a lumbar corset brace and bilateral varus unloading knee braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar corset brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low BackLumbar supports

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

Decision rationale: ODG states back bracing has evidence in the treatment of chronic low back pain. A number of small studies cited support this. Although the evidence is limited, it is noted that there are few, if any, side effects from bracing when used for treatment for periods of time,

for chronic low back pain. As such, the ODG guidelines state this patient would be an appropriate candidate for LSO bracing during acute flares of her low back pain and the prior UR decision is reversed and the LSO brace is medically necessary.

Bilateral knee low profile varus unloading brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low BackLumbar supports

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 329-360.

Decision rationale: MTUS states a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Given this patient has osteoarthritis, varus unloading may significantly help pain and the knee brace will be used for offloading weight and stresses. Therefore, it is reasonable to trial and medically necessary. As such, bilateral knee low profile varus unloading brace is medically necessary.