

<b>Case Number:</b>	CM13-0018553		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Oklahoma and Texas. 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 52-year-old who reported an injury on July 27, 2012 when she tripped on a rug and fell onto her right knee. On January 22, 2013, the injured worker presented with diffuse right knee pain. Upon examination of the right knee, there was medial and lateral joint line tenderness, tenderness to palpation of the inferior pole patellar, and a 5/5 motor exam. Prior treatment included physical therapy, medication, and cortisone injections. The diagnoses were pain in the joint, lower leg and derangement of the posterior horn of the medial meniscus. The provider recommended a Dry Tex HNG KN, pop, (knee brace). The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DRY TEX HNG KN, POP, M: [REDACTED] (KNEE BRACE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 346-347.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines recommend rest and immobilization for short-term after an acute injury to relieve symptoms. Functional bracing is recommended if part of a rehabilitation program. Prophylactic braces or prolonged bracing for ACL deficit of the knee is not recommended. The included medical documentation does not indicate that the injured worker is a part of a rehabilitation program where functional bracing would be recommended in the Guidelines. The injured worker is also past the acute phase of injury where immobilization would relieve symptoms for a short period of time. As such, the request for dry tex hng kn, pop, m: [REDACTED] (knee brace) is not medically necessary or appropriate.