

<b>Case Number:</b>	CM13-0028008		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/20/1999
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 male with a work-related doi on 4/20/99 to the right shoulder, right elbow, bilateral knees and left foot. Treatment has consisted of left and right knee arthroscopies in 06 and 07, knee corticosteroid injections and bracing, right shoulder arthroscopies in 12/11/04 and 5/18/13. PTP PR2 on 7/16/13 indicates that the evaluation is performed under future medical care stip and the patient has improved shoulder motion with postop therapy but pain persists in the anterior joint. He had ongoing pain to the knees and left heel. It also indicates that patient had a left knee synvisc one performed with no benefits noticed. PTP dated 8/6/13 indicates persistent shoulder and left heel pain and his knees still bother him. There are findings of bilateral knee tenderness and the report the states patient wears left knee brace with pain and crepitation with partial deep knee bends bilaterally. His diagnosis is status post rt shoulder arthroscopies on 12/11/04 and 5/18/13, status post left knee arthroscopy on 8/30/06, status post right knee arthroscopy on 10/29/07, bilateral knee chondromalacia and left foot plantar fasciitis. The patient was also given a tripper point injection and asked to obtain another knee brace. The request is for a pro hinged left knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro hinged left 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 13 Knee Complaints  
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**Decision rationale:** ACOEM 2nd edition knee chapter page 340 referenced by MTUS states that knee braces are necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. There is no indication the patient is returning to work or that the patient will be carrying or climbing. In addition, there is no indication the patient has any knee instability. Therefore as guidelines do not recommend the use of the knee brace in this case, it is not medically necessary. " Activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. Patients with acute ligament tears, strains, or meniscus damage of the knee can often perform only limited squatting and working under load during the first few weeks after return to work. Patients with prepatellar bursitis should avoid kneeling. Patients with any type of knee injury or disorder will find prolonged standing and walking to be difficult, but return to modified-duty work is extremely desirable to maintain activities and prevent debilitation. 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 (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."