

<b>Case Number:</b>	CM13-0040101		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/29/1995
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Anesthesiology, has a subspecialty in Paine Medicine, and is licensed to practice in Florida. 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 65-year-old female with a reported date of injury of 08/29/1995. The patient presented with hypersensitivity of the left knee to touch, particularly along the surgical scar, numbness in the lateral anterior aspect of the left knee, numbing pain, swelling, left knee joint lateral malalignment and scar midline, restricted range of motion with flexion limited to 45 degrees due to pain, tenderness to palpation over the pes anserine, and moderate at the bilateral joint lines, patella, and at the patellar tendon. Left knee was unstable with MCL testing, and there was 2+ effusion in the knee joint on the left. The patient had diagnoses including knee replacement (left), sprains and strains of the knee and leg not otherwise specified, and status post left total knee replacement. The physician's treatment plan included a request for DME - left knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME- Left knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 339-340.

**Decision rationale:** The CA MTUS guidelines do not address the use of knee braces. ACOEM states, a 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. The provider noted the patient reported her knee was giving way, and he was afraid of falls. The provider noted the patient's knee was unstable with MCL testing. However, the requesting physician did not include adequate documentation of significant objective signs of knee joint instability. The requesting physician did not include adequate documentation of the performance of provocative testing. Therefore, the request for DME - left knee brace is neither medically necessary nor appropriate.