

<b>Case Number:</b>	CM13-0054478		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/24/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Anesthesiology, has a subspecialty in Pain 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 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 40-year-old male who reported an injury on 08/24/2013. The mechanism of injury was a fall. He was diagnosed with right knee pain. He was treated with anti-inflammatory medications, muscle relaxants, and work restrictions. An x-ray report dated 09/19/2013 indicated that there was no evidence of fracture or other abnormality of the right knee. On 09/19/2013, the injured worker was noted to complain of pain in his low back, right shoulder, and right knee. His physical examination of the right knee revealed full range of motion and no evidence of instability. His medications were noted to include Naproxen and Flexeril. The treatment plan included x-rays and continued medications. A request was received for a retrospective review of the right knee brace dispensed on 10/25/2013. However, a rationale for this request and a corresponding clinical note were not provided. The Request for Authorization form was also not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETRO REVIEW OF RIGHT KNEE BRACE DISPENSED ON 10/25/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES. CHAPTER: KNEE AND LEG (WALKING AIDES)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339-340.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, a knee brace may be recommended for patients with patellar instability or ligament tears with instability. However, the guidelines also state that a brace is usually only necessary when the patient is going to be stressing the knee under a load, such as with climbing ladders or carrying boxes. The clinical information submitted for review indicated that the injured worker had right knee pain. However, he was noted to have normal findings on physical examination and x-rays with no signs of instability. Additionally, there was no clinical note with a rationale for the request and there was no documentation indicating that the injured worker would be stressing his knee to require a brace. For these reasons, the requested service is not medically necessary.