

<b>Case Number:</b>	CM14-0001669		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Family 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 claimant is a 38 year. old male who sustained a work injury on 10/18/11 involving the left wrist and left knee. He has a diagnosis of internal derangement of the left knee and underwent a menisectomy in April 2013. A progress note on 12/12/13 indicated he performs tehrapy and exercise but has increase pain in cold weather . Physical exam findings were notable for tenderness over the medial joint line with pain in extreme flexion or extension. The treating physician requested a Don Joy knee brace with medial compartment offloading to alleviat medial knee pain. Because or prior findings of osteoarthritis after the surgery, the treating physician additinally beleieved that he should benefit from the brace for those symptoms as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DON JOY HINGED KNEE BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee pain.

**Decision rationale:** According to the ACOEM guidelines, knee braces are appropriate when stressing the knee under a load such as lifting weights or climbing a ladder. For the average person using a brace is not necessary. In this case, the claimant was not the average person with a knee complaint since he had pain difficulty with flexion and extension as well as osteoarthritis. In addition, the ODG guidelines state that a brace maybe used for maximal off loading of painful or repaired knee compartment (example: heavy patient; significant pain). Based on the clinical history and guidelines, the use of a Don Joy Knee brace is medically appropriate and necessary.