

<b>Case Number:</b>	CM14-0108139		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 36-year-old male who reported an injury on 05/16/2011 due to tripping over a railroad tie and fell on his left leg, causing significant deformity and severe fractures of the left tibia and fibula. Diagnoses were osteoarthritis, knee, left, severe, weakness, other disorder of muscle ligament and fascia, chondromalacia, and knee pain. Past treatments have been medications, home exercise program, physical therapy, and left knee injections x3. Diagnostic studies were not reported. Surgical history was open reduction of the tibia, hardware removal, and arthroscopy of the knee. Physical examination on 06/05/2014 revealed complaints of left knee pain. Examination of the left knee revealed range of motion for extension was to 0 degrees, flexion was to 125 degrees with reports of pain and crepitus. On straight leg raise leg raise, pain was present. There was medial joint line tenderness and lateral joint line tenderness. Sensory examination was normal. Medications were Ambien, Norco, and ibuprofen. Treatment plan was for purchase of an unloading brace (left unload medial) and home exercise program of range of motion encouraged. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase unloading brace (left unload medial):** 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  
Page(s): 346.

**Decision rationale:** The California ACOEM states 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. It was not reported that the injured worker had patellar instability, anterior cruciate ligament tear, or a medial collateral ligament instability. It was not reported that the injured worker was to participate in a rehabilitation program while using the brace. It was not reported that the injured worker was to be stressing the knee, such as climbing ladders or carrying boxes. Therefore, this request is not medically necessary.