

<b>Case Number:</b>	CM14-0011977		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 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:

Injured worker is a female with date of injury 4/30/2008. Per treating physician's progress report, the injured worker complains of neck, right shoulder, right knee pain, rated 10/10, Oswestry 78%. On exam there is no tenderness to palpation of the spinous processes, the paraspinal muscles, the trapezius muscles. There is full range of motion with flexion, extension, lateral bending, and lateral rotation. Shoulder exam reveals no abnormalities, no tenderness to palpation. There is full range of motion, and strength is intact at 5/5. Bilateral knees are tender to palpation diffusely. There is decreased and painful range of motion. Diagnoses include 1) degenerative joint disease knee 2) neck sprain/strain 3) sprain/strain of shoulder/arm unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPLACEMENT BILATERAL KNEE PATELLA CUT OUT BRACE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mtus, Knee Complaints. American College Of Occupational And Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Pages 1021-1022.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346.

**Decision rationale:** The clinical reports indicates that the injured worker bilateral knees have diffuse tenderness, decreased and painful range of motion. The diagnosis is degenerative joint disease. The ACOEM guidelines report that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, however the benefits may be more emotional than medical. A brace is usually 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. Bracing for short period after an acute injury to relieve symptoms is recommended. Prophylactic braces and prolonged bracing for ACL deficient knee are not recommended. The clinical documents do not provide any information in support of continued bracing per these guidelines that would indicate replacement braces are necessary. The request for replacement Bilateral Knee Patella Cut Out Brace is determined to not be medically necessary.