

<b>Case Number:</b>	CM14-0016735		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	05/23/2008
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 65-year-old female who reported an injury on 05/23/2008. The mechanism of injury was not stated. Current diagnoses include status post left knee arthroscopy with patellofemoral arthritis, right knee patellofemoral arthritis, and degenerative joint disease of bilateral knees. The injured worker was evaluated on 12/12/2013. The injured worker reported persistent knee pain bilaterally. Physical examination revealed tenderness to palpation, positive McMurray's testing, positive grind testing, and 4/5 weakness. Treatment recommendations at that time included a BioniCare knee brace system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIOINICARE LEFT 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.

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

**Decision rationale:** The California MTUS/ACEOM Practice Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. In all cases, braces need to be properly fitted

and combined with a rehabilitation program. There is no indication that this injured worker is currently participating in a functional rehabilitation program. There was no objective evidence of patellar instability, ACL tear, or MCL instability. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary.