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| <b>Case Number:</b>   | CM14-0111345 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 12/04/2007 |
| <b>Decision Date:</b> | 10/22/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2014 |

### 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 Illinois. 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 63-year-old female who reported an injury on 12/04/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical spine disc bulge, knee strain, left knee strain, right ankle/foot, left ankle/foot strain, left shoulder strain, left elbow strain, right carpal tunnel syndrome. Within the clinical note dated 06/04/2014, it was reported the injured worker complained of neck pain, upper back pain, lower back pain, right knee and left knee pain, right ankle and left ankle pain. On the physical exam the provider noted right anterior tightness, right lateral ankle intact, right lateral calf intact. The provider requested bilateral knee braces. However, the rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Knee Braces:** 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): Durable Medical Equipment (DME): Braces

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** The request for bilateral knee braces is not medically necessary. California MTUS/ACOEM Guidelines note bracing is recommended for a short period of immobilization after an acute injury to relieve symptoms. The guidelines do not recommend bracing for prophylactic or prolonged bracing for ACL deficient knee. There is lack of significant objective findings warranting the medical necessity for the request. The provider failed to document an adequate and complete physical examination within the documentation. Additionally, the provider's documentation only included the right knee. Therefore, this request is not medically necessary.