

<b>Case Number:</b>	CM14-0113640		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Orthopedic Surgery 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 patient is a 62-year-old female who was injured in work related accident on 02/04/13. The clinical records provided for review include an MRI report of the left knee from 03/20/13 that showed a radial tear to the medial meniscus with tricompartmental degenerative arthritis with severe findings to the medial compartment. Most recent clinical record for review was a 10/25/13 assessment where the claimant was noted to have continued complaints of left knee pain, stating that she was utilizing medication management and topical compounds. Recommendations at that time were for acupuncture, continuation of medications for underlying diagnosis of meniscal tearing and tricompartmental degenerative arthritis. There is a current request for a knee brace, given the claimant's current clinical picture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elastogel Pack Knee Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg.

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for a knee brace would not be indicated. According to ACOEM Guidelines, typically bracing is reserved for evidence of instability, albeit anterior cruciate ligament, medial collateral ligament, or patellar. This individual has meniscal tearing and tricompartmental degenerative arthritis. There is no current diagnosis that would yield itself to treatment with bracing. Request in this case for custom brace is not medically necessary and appropriate.