

<b>Case Number:</b>	CM14-0155270		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/29/2003
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 and 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 50-year-old male who reported an injury on 12/29/2003 due to an unspecified mechanism of injury. The injured worker complained of right sided neck and arm pain associated with paresthesia, knee and ankle pain. The injured worker had a diagnosis of foot pain, neck pain, paresthesia, knee pain, medial meniscal tear, shoulder pain, superior glenoid labrum lesion. Prior treatments included medication, injections, and physical therapy. The objective findings dated 09/18/2014 of the left knee revealed decreased tenderness over the joint line of the left knee, reduced swelling as well. The power and sensory exam were grossly intact, reflexes were symmetric, distal pulses were intact, and integument was intact. Prior diagnostics included MRI per documentation revealed osteoarthritis, MRI was unable for review. The plan included a knee brace and Synvisc injections. The request for authorization was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**off-loading brace for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Knee brace

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee & Leg, Braces

**Decision rationale:** The request for off-loading brace for left knee is not medically necessary. The California MTUS/ACOEM Guidelines did not address. The California MTUS/ACOEM guidelines state a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical 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. There is a lack of documentation indicating the injured worker had significant instability to the knee. There is no evidence of an ACL or MCL tear. Additionally, it is unclear if the injured worker would be using the brace in adjunct to rehabilitation. As such, the request is not medically necessary.