

<b>Case Number:</b>	CM14-0041852		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Geriatrics and is licensed to practice in New York. 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 54 year old female injured worker suffered an industrial accident on 8/13/2013 by falling on an uneven surface landing on her face, nose and bilateral knees. She works in an enclosed prison and when she fell she went forward. She was treated with medications, physical therapy and a knee brace. The medical record request was made in the note of 3/7/2014 for the knee brace. The objectives and indications for the brace were not revealed in the medical record. The IMR application reported that the injured worker returned to her position on 8/19/2013 and resumed work and the provided stated in 10/02/2013 she had returned to "regular work". The Magnetic Resonance Imaging revealed lateral meniscus tear cartilage loss chondromalacia of the patella. The provider note of 12/12/2013 stated she only missed 3 days of work since the injury. The UR decision cited certain conditions of instability and used only if the injured worker is going to be stressing the knee under load as indication for a knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hinged knee brace fitting Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 340-359.

**Decision rationale:** A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial 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 this injured worker with chronic knee pain, the records do not document which knee the brace is for. Additionally, the records do not document patellar instability or a ligament tear to substantiate that a hinged brace for the knee is medically necessary. Therefore, the request is not medically necessary, per MTUS.