

<b>Case Number:</b>	CM14-0083486		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	05/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 8/12/13. A utilization review determination dated 5/17/14 recommends non-certification of durable medical equipment. 3/18/14 medical report identifies right knee pain. On exam, there is limited range of motion (ROM) and tenderness. A knee contusion was diagnosed and recommendations included continued physical therapy, right knee brace, MR arthrogram, and a cortisone injection was given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Regarding the request for durable medical equipment, it appears that the DME is a right knee brace. The California MTUS and ACOEM state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional 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. Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated and there is no documentation suggestive of instability or another indication for a knee brace. In the absence of such documentation, the currently requested right knee brace is not medically necessary.