

Case Number:	CM14-0110976		
Date Assigned:	08/22/2014	Date of Injury:	12/27/2006
Decision Date:	01/28/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	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 Internal Medicine 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 injured worker is a man with a date of injury of 12/27/08. He was seen by his primary treating physician on 6-2-14 with continued pain to both knees. He complained of grinding and popping in both knees when bending. He had tried injections in the past with relief. His exam showed "pat-fem" crepitation, pain with range of motion and decreased range of motion. His diagnosis was bilateral knee DJD. At issue in this review is the request for a Bauerfind knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bauerfind knee brace Qty. 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: A knee 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. In this injured worker with chronic knee pain, the rationale for the brace is not substantiated the records nor is do not substantiate that a brace for the right knee is medically necessary. Therefore, Bauerfind knee brace Qty. 1 is not medically necessary and appropriate.