

<b>Case Number:</b>	CM14-0083371		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old male who reported an injury on 12/31/2011 due to an unspecified mechanism of injury. On 04/21/2014, he presented for an evaluation primarily with right shoulder pain, left knee pain, and right 4th and 5th digit numbness. He rated his pain at an 8/10 and noted that he was not taking pain medications. A physical examination showed 5/5 strength of the upper extremities and reduced sensation of the right 4th and 5th fingers. The left knee showed 80% range of motion with flexion and 90% with extension. He had pain at the extreme levels of extension and had a positive McMurray's sign and tenderness of the medial joint line. ACL and posterior cruciate ligament were noted to be intact. He was diagnosed with continued left knee pain status post 2 arthroscopic surgeries. A request was made for a ligament stability brace for the left knee purchase. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ligament Stability Brace, for the Left Knee - Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 3/31/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace.

**Decision rationale:** The Official Disability Guidelines recommend knee braces when there is evidence of osteoarthritis or instability on examination. The documentation provided does not indicate that the injured worker has any instability of the left knee or that he has significant osteoarthritis to support the request for a knee brace. Also a clear rationale for the medical necessity of a knee brace for the left knee was not stated, and without this information the request would not be supported. Therefore, the request is not medically necessary.