

<b>Case Number:</b>	CM15-0185744		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial injury on 9-19-2014. The injured worker is undergoing treatment for: left knee internal derangement, left knee contusion, chondromalacia patella. On 12-1-2014, he reported pain in the right groin and left knee. She is reported as wearing an unloading brace for the left knee and having good improvement. Physical examination revealed tenderness the left knee with normal range of motion noted, left knee positive for Lachman's. On 1-26-15, she reported right knee pain. Physical examination was not documented on this date. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the left knee (10-9-14), medications, magnetic resonance imaging of the right knee reported to have been done on 1-13-15; and left knee magnetic resonance imaging (10-9-14) revealed full thickness tear of the anterior cruciate ligament. Medications have included: Darvon and aspirin are noted to give her skin rashes. Current work status: not documented. The request for authorization is for: tru-pull right knee brace purchase. The UR dated 9-4-2015: non-certified the request for tru-pull right knee braces purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tru-pull right knee brace purchase Qty: 1.00 (per 08/03/2015 order): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary, Initial Care.

**Decision rationale:** According to the guidelines, a short period of immobilization is recommended after acute injury. In addition, it may be considered for rehabilitation program. Prolonged bracing is not recommended in the ACL deficient knee. In this case, the claimant does have a tear of the ACL. Although a brace may provide support, the claimant had already undergone knee taping/wrapping. Long-term brace use is not recommended. The request for Tru-pull right knee brace purchase is not medically necessary.