

<b>Case Number:</b>	CM15-0200874		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New Jersey, New York  
 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 56 year old female, who sustained an industrial injury on January 13, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having derangement of medial meniscus left knee unspecified and left ankle sprain. Treatment to date has included brace, medications, topical cream, ice, heat, home exercises and Transcutaneous Electrical Nerve Stimulation (TENS) unit. On May 27, 2015, the injured worker reported increased left knee pain contributed to increased home exercise program. She reported that her pain was helped with Norco, which allows her to perform activities of daily living. On September 2, 2015, the injured worker complained of left knee pain and stiffness. There is occasional radiation to the left foot with pain, numbness and tingling. The pain was described as constant and stabbing. Her symptoms were noted to get worse with activity. The injured worker was noted to be wearing a brace. The treatment plan included medications, continuation of home exercises, continuation of TENS unit and continuation of ice-heat therapy. Treatment notes stated that the injured worker may benefit from a knee support brace with use with home exercise program. On September 14, 2015, utilization review denied a request for support brace for the left knee quantity of one.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Support brace for the left knee qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter - Knee brace.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

**Decision rationale:** As per the MTUS guidelines, a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament 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. The patient does not suffer from any of the conditions stated above and would not be undergoing any strenuous activities that would require a brace. There is no documentation of tears or instability of the knee. Therefore, the request is not medically necessary.