

<b>Case Number:</b>	CM15-0201736		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	11/20/2008
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 57-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 20, 2008. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for a knee brace. A September 1, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 21, 2015, the applicant was given refills of Norco and Celebrex and kept off of work, on total temporary disability. A knee surgery consultation was seemingly sought. The applicant was described as having issues with tricompartmental knee osteoarthritis superimposed on issues with possible meniscal derangement. On September 1, 2015, the applicant was, once again, placed off of work, on total temporary disability owing to 6/10 knee pain complaints. Norco and a Functional Capacity Evaluation were endorsed, along with the knee brace at issue. The applicant's gait was not clearly described, although the applicant did exhibit a positive McMurray maneuver.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hinged left knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

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

**Decision rationale:** No, the request for a hinged left knee brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, a knee brace is "usually unnecessary." Rather, the MTUS Guideline in ACOEM Chapter 13, page 340 notes that knee braces are typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, the applicant was off of work, on total temporary disability, as of the September 1, 2015 office visit at issue. It did not appear that the applicant was likely to be stressing the knee under load, climbing ladders, and/or carrying boxes. Therefore, the request was not medically necessary.