

<b>Case Number:</b>	CM15-0208785		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 [REDACTED] who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 6, 2014. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve a request for a knee brace. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 17, 2015 office visit, the applicant reported ongoing complaints of low back, mid back, and bilateral knee pain, highly variable, 5 to 8/10. Ancillary complaints of neck pain were reported. The applicant was given a variety of medications to include Naprosyn, tramadol, Protonix, and Flexeril. A cervical epidural steroid injection and lumbar MRI imaging were sought. The attending provider stated, through preprinted checkboxes, that the applicant was not working, and had not worked for several months with a rather proscriptive 5-pound lifting limitation in place. The applicant's gait, it was incidentally noted, was not characterized. The note was somewhat difficult to follow as it was highly templated and comprised, in large part, of cited guidelines. A hinged knee brace, however, was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee hinged brace with suspension sleeve: Upheld**

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

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

**Decision rationale:** No, the request for a right hinged knee brace with suspension sleeve 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 a knee brace is atypically 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 placed off of work and had not worked in several months, the treating provider reported on the September 17, 2015 office visit at issue, making it unlikely that the applicant would be stressing the knee under load, climbing ladders, carrying boxes, etc. Therefore, the request was not medically necessary.