

<b>Case Number:</b>	CM15-0027992		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Pennsylvania, Ohio, 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 71-year-old male, who sustained an industrial injury on 6/29/0006 related to a fall. He is status post-right shoulder surgery twice and left total knee arthroscopy (2009). The diagnoses have included right shoulder rotator cuff tear, adhesive capsulitis, left knee and left knee arthrofibrosis. Treatment to date has included physical therapy, right shoulder injection (12/08/2014), hydrocodone and ibuprofen. Currently, the IW complains of left knee pain rated as 10/10 and severe right shoulder pain. Objective findings included tenderness of the right deltoid. Flexion is 90 degrees and abduction is 90 degrees. On 1/26/2015, Utilization Review non-certified a request for a left knee brace noting that the clinical findings do not support the medical necessity of the treatment. The ODG was cited. On 2/13/2015, the injured worker submitted an application for IMR for review of left knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, Knee Chapter, Criteria for the Use of Knee Braces.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 340.

**Decision rationale:** ACOEM recommends use of a knee brace only in specific well-defined situations of joint instability. The guideline suggests that the benefits of a brace may be more emotional (i.e. increasing confidence) than medical and that usually a brace is necessary only if the patient will be stressing the joint under load. Overall ACOEM states that for the average patient, using a brace is usually unnecessary. The records do not provide such specific data about knee instability to support an indication for this equipment. This request is not medically necessary.