

<b>Case Number:</b>	CM15-0047142		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/22/2003
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 63 year old female with an industrial injury dated December 22, 2003. The injured worker diagnoses include status post right knee surgery, lumbago, and impingement syndrome. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/14/2015, the injured worker reported left shoulder pain with pain radiating to the left arm, hand, cervical and thoracic spine. She also reported continuous sharp low back pain with pain radiating to the right leg, hip, thigh, foot and constant right knee pain. Right knee exam revealed some swelling and pain to palpitation over the medial aspect of the right knee. The treating physician also noted limited range of motion due to pain. The treating physician prescribed right knee hinged brace now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee hinged brace for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
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**Decision rationale:** Right Knee hinged brace for purchase is not medically necessary. Per ACOEM guidelines, knee brace have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The claimant's injury occurred in 2003. The physical exam has remained unchanged and there is lack of documentation of an acute injury or exacerbation; therefore the requested service is not medically necessary.