

<b>Case Number:</b>	CM15-0054423		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 68 year old male, who sustained an industrial injury on 1/3/12. He reported pain in the left shoulder, left knee and lower back. The injured worker was diagnosed as having left knee meniscus tear, lumbar stain and left shoulder tendinitis. Treatment to date has included acupuncture and pain medications. As of the PR2 dated 2/17/15, the injured worker reports continued pain in the left shoulder and knee. The treating physician noted limited range of motion in the left knee. The treating physician requested a left custom knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Knee Brace, Left Knee QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace.

**Decision rationale:** Regarding the request for a custom knee brace, Occupational Medicine Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional 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. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated, or any indication that the patient will be stressing the knee under load. Additionally, there is no indication as to why the patient would require a custom knee brace as opposed to an off-the-shelf product. In the absence of such documentation, the currently requested custom knee brace is not medically necessary.