

<b>Case Number:</b>	CM15-0058015		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Indiana

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 injured worker is a 53 year old male, who sustained an industrial injury on April 1, 2004. The injured worker was diagnosed as having bilateral internal derangement of knees and meniscectomy. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), surgery, x-ray, injection, therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. A progress note dated February 24, 2015 provides the injured worker complains of knee pain. He reports difficulty moving from sitting to standing and cannot sit for extended periods. Physical exam notes tenderness of knees bilaterally. The plan includes injection of right knee, bilateral knee braces, Transcutaneous Electrical Nerve Stimulation (TENS) unit, hot and cold wrap and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Defiance brace molded - DonJoy knee brace for the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** ACOEM states "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program." There is no specific justification for the knee brace and no plan on how it will be combined with a rehabilitation program. As such the request is not medically necessary.