

<b>Case Number:</b>	CM15-0058938		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	04/28/2005
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 52-year-old female, who sustained an industrial injury on 4/28/2005. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc degeneration, cervical disc degeneration, and pain in the joint, lower leg. Treatments to date include medication therapy, physical therapy, acupuncture, knee braces, and aquatic therapy. Currently, they complained low back, neck and bilateral knee pain. On 3/15/15, the physical examination documented no objective clinical findings. The plan of care included replacement bilateral soft knee braces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Soft Knee Braces:** 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): 376.

**Decision rationale:** According to the guidelines, Knee bracing is recommended for acute injuries to avoid exacerbation or for prevention. Prolonged bracing without exercise is not recommended. In this case, the claimant's injury was not acute. The claimant had been in braces previously. The claimant is performing aqua therapy. The exam findings did not note any knee abnormalities and the claimant was able to ambulate with a cane. As a result, the request for replacement braces is not justified and not medically necessary.