

<b>Case Number:</b>	CM15-0059324		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 61 year old female who sustained a work related injury on June 25, 2010, incurring back, and leg and knee injuries. She was diagnosed with a lumbar spine sprain, multilevel degenerative disc disease, left knee sprain. Treatment included aqua therapy and physical therapy and medication management. Currently, the injured worker complained of low back pain radiating down the leg to the knees causing increased left knee pain. The treatment plan that was requested for authorization included a knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KNEE BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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

**Decision rationale:** The patient is a 61 year old female with an injury on 06/25/2010. She had back pain and a left knee sprain. There is no documentation of ligament tear or patella instability,

conditions noted in MTUS, ACOEM where a brace might have some theoretical value. ACOEM notes that the brace may be more an emotional benefit than a medical benefit. MTUS ACOEM noted that a brace is only necessary if the patient is climbing a ladder or carrying heavy items, boxes. The knee brace is not medically necessary for this patient.