

<b>Case Number:</b>	CM15-0080361		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	06/24/2009
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: California

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 59 year old male, who sustained an industrial injury on 06/24/2009. According to a progress report dated 03/13/2015, subjective complaints included low back pain and knee pain. Objective findings included weakness and restricted range of motion of the lumbar spine. No knee exam or diagnosis is included in the request for new knee braces. No history of instability is noted. Diagnoses included spinal stenosis of lumbar region, lumbago and carpal tunnel syndrome. The provider requested authorization for knee braces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee Braces:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Knee Brace.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 354.

**Decision rationale:** MTUS Guidelines support the use of knee bracing if specific conditions exist. These include instability, patellar tacking problems or expected use under stress. None of

the qualifying conditions is documented to be present. There are no unusual circumstances to justify an exception to Guidelines. The Knee braces are not supported by Guidelines and are not medically necessary.