

<b>Case Number:</b>	CM15-0231885		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	04/15/1996
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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:

This 70 year old female sustained an industrial injury on 4-15-96. Documentation indicated that the injured worker was receiving treatment for chronic knee pain. The injured worker later developed low back and right knee pain due to compensation. Previous treatment included left knee replacement (2003) status post two revisions (last 2013), injections, physical therapy, bracing and medications. The injured worker had recently been participating in ongoing physical therapy. In a PR-2 dated 9-30-15, the injured worker complained of bilateral knee and low back pain, rated 6 to 7 out of 10 on the visual analog scale. The injured worker reported having a "wobbly" sensation in her left knee and that when she got up from a chair she felt a "wiggling" in the knee. Physical exam was remarkable for left knee with diffuse tenderness to palpation along the medial and lateral aspect of the tibia and slight tenderness to palpation to the popliteal and hamstring area with range of motion: extension 180 degrees and flexion 105 degrees, "mild" weakness of the quadriceps and hamstrings and no varus or valgus laxity. The physician recommended a hinged knee Neoprene wrap around knee brace and a prescription for Norco. On 10-30-15, Utilization Review noncertified a purchase of hinged knee Neoprene wrap around knee brace for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of hinged knee Neoprene wrap around knee brace for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the MTUS Guidelines, the use of a knee brace is recommended 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. In this case, although the injured worker complains of a "wobbly" knee, there is no objective evidence of patella instability. The request for purchase of hinged knee neoprene wrap around knee brace for the left knee is determined to not be medically necessary.