

<b>Case Number:</b>	CM15-0243846		
<b>Date Assigned:</b>	12/23/2015	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 48 year old female, who sustained an industrial injury on 6-3-10. The injured worker was being treated for left knee internal derangement status post left knee chondroplasty with surgical repair of partial meniscectomy, right shoulder rotator cuff injury with positive tendonitis, bursitis and tear; status post medial meniscectomy, right knee internal derangement and right knee grade 3 chondromalacia, left knee full thickness chondral defect, bilateral carpal tunnel syndrome and left cubital tunnel syndrome. On 11-5-15, the injured worker complains of a lot of pain and discomfort in right knee. Physical exam performed on 11-5-15 revealed bilateral wrist tenderness to palpation with positive Tinel's and Phalen's, right shoulder tenderness to palpation with decreased range of motion and positive impingement signs and bilateral knee tenderness to palpation with painful range of motion. Treatment to date has included oral medications including Naprosyn, Tylenol #4 and Flexeril, left knee arthroscopy, physical therapy and activity modifications. On 11-5-15 request for authorization was submitted for cortisone injection of right knee and right knee brace. On 11-19-15 request for right knee brace was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, 2015 Chapter: Knee & Leg (Acute & Chronic).

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

**Decision rationale:** This 48 year old female has complained of left knee pain, shoulder pain and wrist pain since date of injury 6/3/2010. She has been treated with surgery, physical therapy and medications. The current request is for one right knee brace. Per the MTUS guidelines cited above, a knee brace is not recommended for the treatment of knee pain. The MTUS guidelines state that a brace may be used for the following diagnoses although the benefits have not been proven: patellar instability, anterior cruciate ligament tear and medial collateral ligament instability. There is no documentation in the available medical records to support that the patient has any of these stated conditions. On the basis of the available medical records and per the MTUS guidelines cited above, one right knee brace is not indicated as medically necessary.