

<b>Case Number:</b>	CM14-0114928		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48 year-old male with date of injury of 02/16/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/16/2014, lists subjective complaints as pain in the bilateral knees, left worse than right. Objective findings: Range of motion was decreased. Bilateral lower extremities extended to 180 degrees and flexed to 100 degrees. No provocative maneuvers were tested. Diagnosis: 1. Internal derangement of the left knee 2. Grade III chondromalacia along the joint line noted medially along the trochlea 3. Internal derangement of the right knee 4. Discogenic lumbar condition 5. Weight gain 6. Depression, anxiety, sleep disorder and sexual dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT MI:** Upheld

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

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

**Decision rationale:** The request is actually for a DonJoy knee brace. In the MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial

collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. The patient is currently on Social Security and is not working; thus, it is unlikely he will be stressing the knee under load, such as climbing ladders or carrying boxes. There is no documentation that the patient has patellar instability, anterior cruciate ligament tear or medial collateral ligament instability. As such, this case is not medically necessary.