

<b>Case Number:</b>	CM14-0117842		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 55 year old female with a 1/27/14 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/11/14 noted subjective complaints of constant right knee pain. Objective findings included injured worker ambulates with the help of a cane. There was no significant swelling or joint effusion of the knees. RFA 4/26/14 includes walker, left knee brace, and different right knee brace. MRI right knee 2/22/14 showed meniscal tear involving the posterior horn and body of the medial meniscus extending to the inferior articular surface. Diagnostic Impression: Right knee derangement Treatment to Date: medication management A UR decision dated 6/28/14 denied the request for durable medical equipment brace for right knee. It is highly unlikely that any knee brace could possibly provide adequate support that the injured worker would find comfortable or that a brace could be properly fitted. This would appear to be the reason that the brace did not fit and that the injured worker did not find her knee brace comfortable. It also denied walker for the right knee. The injured worker has already utilized a cane and crutches with issues of shoulder discomfort. A walker would provide the same type of stress on the upper extremities and is unlikely to change the injured worker's condition.

### 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-346.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter

**Decision rationale:** CA MTUS states that a "knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) 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 all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG states that "prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture." Regarding walkers, CA MTUS does not specifically address that issue. ODG states that walking aids are recommended. In addition, the Medicare National Coverage Determinations Manual states that Mobility Assistive Equipment is reasonable and necessary for personal mobility deficits sufficient to impair participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. However, with regards to knee braces, there is no documentation that the injured worker will be stressing her knees under load, such as climbing ladders or carrying boxes. There is no specific rationale provided for the need for knee braces. With regards to a walker, the injured worker is noted to already have a cane. There is no specific rationale provided as to why the injured worker would need an additional walking aid in the form of a walker. Therefore, the request for durable medical equipment MI is not medically necessary.