

<b>Case Number:</b>	CM14-0145693		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/18/2001
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 and is licensed to practice in California and Illinois. 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 injured worker is a 54-year-old female who reported a work related injury on 09/18/2001. The mechanism of injury was not provided for review. The injured worker's diagnosis consists of left knee internal derangement. Her past treatments, pertinent diagnostic studies, and surgical history were not provided for review. The clinical note dated 05/19/2014 was handwritten with multiple abbreviations and symbols, making it difficult to decipher. The legible information included documentation stating the injured worker had a left knee internal derangement. The injured worker's prescribed medications were not provided for review. The injured worker's treatment plan consisted of refilling medications and authorization for GI consult for bariatric treatment. A request was received for Knee Sleeve Support XXLarge Blk DOS 05/19/14. The rationale for the request and the Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee Sleeve Support XXLarge Blk DOS 05/19/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339-340.

**Decision rationale:** The request for a knee sleeve support XXL is not medically necessary. The California MTUS/ACOEM states that use of a brace may be supported for instability or ligament tears of the knee, but for the average injured worker, using a knee brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The guidelines also state the brace is more necessary if an injured worker is going to be stressing the knee under a load, such as carrying heavy boxes or climbing a ladder. The submitted and reviewed documentation does not indicate objective findings to warrant the use of a knee brace. As such, the request for a knee sleeve support is not medically necessary.