

<b>Case Number:</b>	CM14-0146383		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/24/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 48-year-old male who reported an injury on 12/24/2009 due to an unknown mechanism. Diagnoses were depressive disorder not elsewhere classified, low back pain. Past treatments were not reported. Diagnostic studies were reported. Surgical history was not reported. Physical examination on 03/03/2014 revealed that the injured worker was recommended to have scans. The injured worker was recommended to do aqua therapy, as well, and have a gym membership for an independent exercise program. This recommendation was based on nonfusion or pseudoarthrosis of the injured worker's back. There was still an outstanding request for a CT scan. It was felt that rehabilitation would be the appropriate maneuver at this point. The injured worker complained that the methadone seemed to cause him some difficulty and was reporting he wanted to decrease its use. Medications were methadone, ibuprofen, Remeron, and Cymbalta. Treatment plan was to take medications as directed. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee 2013

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346.

**Decision rationale:** The decision for knee brace is not medically necessary. The California ACOEM states 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. There was no physical examination on the injured worker's knee. It was not reported that the injured worker had an anterior cruciate ligament tear or medial collateral ligament instability. There were no significant factors provided to justify the use of a knee brace. Therefore, this request is not medically necessary.