

<b>Case Number:</b>	CM15-0116789		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 35 year old female who sustained an industrial injury on 10/17/12. Diagnoses include status post left knee surgery, left knee internal derangement, right knee internal derangement, left hip compensatory sprain/strain, lumbar spine degenerative disc disease, and morbid obesity. In a progress report dated 11/4/14, the treating physician notes of bilateral knee pain rated at 8/10 and low back pain at 8/10 and numbness in her back. She has a cane, back brace, and knee brace, which helps with stability. Exam of the lumbar spine reveals spasm, painful limited range of motion, positive Lasegue bilaterally, positive straight leg raise bilaterally to 45 degrees, and left leg sciatica worse when compared to the right. Bilateral hip pain with rotation and crepitus noted. The right knee revealed swelling, tenderness to palpation at the joint line, and a positive McMurray sign. Exam of the left knee revealed healed arthroscopic portals, decreased and painful range of motion, tenderness to palpation at the joint line and patellofemoral crepitation. Morbid obesity is noted. She remains on temporary total disability. The treatment plan is noted as refill her medications of Terocin lotion, Ultracet one three times a day, and Anaprox DS one twice a day, continue with the home exercise program, and follow up in 6-8 weeks. The requested treatment is for Durable Medical Equipment; bilateral knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** According to the guidelines, functional and prophylactic bracing is option for rehabilitation. It is not recommended for prophylaxis. It may be used for acute injury. In this case, the claimant's injury was remote. The length of use was not specified. The claimant was not in a formal rehabilitation program but was performing exercises. The request for the knee brace is not medically necessary.