

<b>Case Number:</b>	CM15-0121739		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Florida  
 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 55 year old female, who sustained an industrial injury on 05/22/2001 secondary to picking up railroad timber resulting in pain in knee and lumbar area. On provider visit dated 02/11/2015 the injured worker has reported severe lumbar pain. She was noted that she needs to use lumbar and bilateral knee braces. On examination of the right knee, tenderness was noted as well as ankle tenderness. She was noted to have a limp with her left leg when ambulating and walks with the assist of a cane. The diagnoses have included status post 3 left knee surgeries and 2 right knee surgeries, and pain at both knees. Treatment to date has included laboratory studies, surgical intervention and medication. The provider requested bilateral articulated knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Articulated Knee Brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Activity Alteration. Knee Complaints Page(s): 340.

**Decision rationale:** According to MTUS guidelines, a 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 (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. In this patient's case, this patient has chronic knee pain and there is no documentation that the patient's knees will be under stress nor that she will be participating in a rehabilitation program. Likewise, this request for a knee brace is not considered medically necessary.