

<b>Case Number:</b>	CM15-0122307		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 53-year-old female who sustained an industrial injury on 9/11/12. She had complaints of left knee and low back pain. Pain management progress note dated 5/27/15 reports continued complaints of left knee pain and severe lower back pain going down to her left leg. She was told she is not a candidate for surgery and she has finished conservative therapy. Diagnoses include left knee internal disruption, ongoing with worsening pain since a recent fall 2 weeks ago, lumbar discogenic disease, L5-S1 bulging disk, and status post epidural steroid with no lasting benefit. Plan of care includes: continue medications; naproxen, Omeprazole, tizanidine, venlafaxine and hydrocodone, get second opinion for low back. Work status is totally disabled until 7/1/15. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Fusion OA OTS Left knee brace, Control/Condylar Pad, Extremity orthotic soft interface for molded plastic below knee, Extremity orthotic soft interface for molded plastic above knee, addition to joint control dial and Under brace sleeve: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

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

**Decision rationale:** According to the guidelines, knee bracing is recommended for short period of immobilization for acute injuries and is optional for part of a rehab program. Prophylactic use of a knee brace is not recommended. In this case, the claimant's injury was chronic. The claimant was not a surgical candidate. The request was not part of a rehab program. Long-term use is not recommended. Therefore, the purchase of a knee brace is not medically necessary.