

<b>Case Number:</b>	CM15-0072257		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 58 year old female, who sustained an industrial injury on March 17, 2008. She reported chronic upper extremity, neck and low back pain. The injured worker was diagnosed as having cervical spondylosis without myelopathy, lumbosacral spondylosis, sciatica, cervical spinal stenosis, disorders of the sacrum, pain in the lower leg joint and lumbago. Treatment to date has included diagnostic studies, physical therapy, home exercises, lumbar epidural steroid injection, medications and work restrictions. Currently, the injured worker complains of chronic upper extremity, neck and low back pain, pain in the shoulders and bilateral lower extremities with associated burning and tingling. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 1, 2014, revealed improved back pain following the injection however radiating pain to the bilateral lower extremities was unchanged. Bilateral knee braces were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Knee Braces:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Knee Braces.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral knee braces are not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients a knee brace can increase confidence which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; pain in joint lower leg; and spondylosis lumbosacral. Subjectively, there are no subjective complaints referencing the needs. There are no objective findings referencing the knees bilaterally. There is no documentation of patellar instability, ACL tear or MCL instability in the medical record. There is no clinical indication or rationale in the medical record for bilateral knee braces. Consequently, absent clinical documentation of subjective and objective findings referencing the knees with a clinical indication and rationale for bilateral knee braces, bilateral knee braces are not medically necessary.