

<b>Case Number:</b>	CM15-0076983		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/28/1993
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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, North Carolina  
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 69 year old female, who sustained an industrial injury on 1/28/93. The injured worker was diagnosed as having cervical radiculitis, lumbar spine strain and osteoarthritis of knee. Treatment to date has included home exercise program, oral medications, cane for ambulation, physical therapy and steroid injections. Currently, the injured worker complains of worsening left knee pain, using a wheelchair. Physical exam was not noted. The treatment plan included continuation of home exercise program and Elavil for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro-Hinged 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:** The request is for a knee brace for osteoarthritis and pain in the knee. There is no documentation provided of a knee fracture, tumor, infection, instability, spondylolithesis or post-surgical condition requiring a knee brace. There is no diagnosis of ligamentous instability requiring a knee brace. The ACOEM states that for the average patient a knee brace is not necessary and only needed if the patient is stressing the knee under a load (climbing ladders, carrying boxes). This request is therefore not medically necessary for the diagnosis of osteoarthritis.

**Lumbar Corset (custom made):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The ACOEM states that low back lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is long past the acute phase of injury. There is documentation stating that the patient has a fracture, tumor, infection, spinal instability, spondylolithesis or is post-surgical and requiring lumbar support. The request for a lumbar support is deemed not medically necessary.