

<b>Case Number:</b>	CM13-0008286		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 26 year old male with date of injury of 11/26/12. Per treating physician's report 4/15/13, patient complains of pain that radiates to his hip and back. Symptoms are localized to the left knee and describe pain as moderate to severe. List of diagnosis are: 1. Posterior horn MMT, Left knee 2. CMP, Left 3. Left low back strain with left lower extremity lumbar radiculitis 4. Sleep disturbance because of pain. Presenting symptoms are clicking, locking, popping, stiffness, stabbing pain, and tenderness. Symptoms worsen during activity, after activity, during the day, night. Symptoms are aggravated by pushing, squatting, kneeling, and repetitive, use, prolonged standing, and stairs. X-ray of left knee is negative for joint space narrowing. MRI of 12/31/12 of left knee showed intact ligaments but chondral degeneration of the patella.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PURCHASE OF A LEFT KNEE BRACE WITH ADDITIONAL PAD, LOWER LINER, UPPER LINER AND NON-CORROSIVE ADDITION BETWEEN 7/2/13 AND 8/16/13: 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): 340.

**Decision rationale:** According to reports from 1/4/13 to 7/19/13, the patient has been diagnosed with chronic left knee pain. X-ray is negative for joint space narrowing and MRI indicates chondral degeneration of the patella. The request is for left knee bracing. The report containing the request is missing in the file provided. ACOEM guidelines page 340 does state, "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical." ODG-TWC guidelines criteria for knee bracing indicate knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibia osteotomy, painful unicompartmental osteoarthritis, tibial plateau fracture. This patient does not present with any of these conditions that are indicated for a knee bracing. X-rays are negative for osteoarthritis and MRI's showed no ligament abnormalities. Recommendation is for denial.