

<b>Case Number:</b>	CM13-0010795		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/13/2009
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	07/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 and Rehabilitation and is licensed to practice in Minnesota. 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:

The injured worker is a 61 year old male who was a trash truck driver and reported picking up some heavy material twisting his left knee on 08/13/2009. On 01/07/2014 a healed arthroscopic scar was noted on the left knee. The left knee showed no deformity or spasm, no mal-alignment, no swelling or ecchymosis, or atrophy. Flexion was 130/135. The following tests were all negative Lachman's, Anterior Drawer, pivot shift, posterior drawer medial collateral tenderness, medial collateral laxity, lateral collateral tenderness, lateral collateral laxity, posterior-lateral and excessive external rotation. X-ray showed mild degenerative arthrosis of the left knee. A recent MRI reported a degenerative tear of the medial meniscus and lateral meniscus. There are no medical records found which predate the retrospective request of 06/24/2013. There is no request for authorization found in the submitted chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (06/24/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 06/05/2014 Knee & Leg (Acute & Chronic) Procedure Summary, Knee Brace.

**Decision rationale:** The injured worker is a 61 year old male who was a trash truck driver and reported picking up some heavy material twisting his left knee on 08/13/2009. A left knee arthroscopy with partial medial and lateral menisectomies, chondroplasty of the medial femoral condyle and lateral tibial plateau and debridement/synovectomy had been performed in January of 2010. Post-operative treatment included physical therapy, home exercises, activity modifications, medications and bracing. ACOEM guidelines recommend a knee 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. 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. Official Disability Guidelines recommends that 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 in the patient is going to be stressing the knee under load. Pre-fabricated knee braces may be appropriate in patients with any one of knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful uncompartamental osteoarthritis, tibial plateau fracture. The injured worker's surgery occurred sometime in January of 2010. There is no evidence of patellar instability. There are no directions for use of the brace. There is no documentation from 06/24/2013 or of the worker's physical/medical status prior to that date. Therefore, the request for retrospective request for 1 knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment (06/24/2013) is not medically necessary.

**RETROSPECTIVE REQUEST FOR 1 OFFICE OR OTHER OUTPATIENT ON (06/24/2013):** 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) 06/05/2014 Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 06/05/2014 Knee & Leg (Acute & Chronic) Procedure Summary, office visits.

**Decision rationale:** The injured worker is a 61 year old male who was a trash truck driver and reported picking up some heavy material twisting his left knee on 08/13/2009. A left knee arthroscopy with partial medial and lateral menisectomies, chondroplasty of the medial femoral condyle and lateral tibial plateau and debridement/synovectomy had been performed in January of 2010. Post-operative treatment included physical therapy, home exercises, activity modifications, medications and bracing. Official Disability Guidelines office visits to be

medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. However, in the submitted file, there is no documentation from 06/24/2013 or of the worker's physical/medical status prior to that date and thusly it cannot be determined whether or not the requested visit was medically necessary. For that reason, the request for retrospective request for 1 office or other outpatient on (06/24/2013) is not medically necessary.