

<b>Case Number:</b>	CM13-0024808		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/29/2006
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 patient is a 36-year-old gentleman who sustained an injury to his right knee in a work related accident on 09/29/06. Clinical records for review include a 06/06/13 progress report by [REDACTED]. [REDACTED] indicating chief complaints of low back pain with radiating leg pain, right greater than left. He also describes continued complaints of pain about the right knee exacerbated by weightbearing activities. Examination specific to the knee showed medial and lateral joint line tenderness with 0 to 140 degrees range of motion. A DonJoy hinged lateral knee brace was recommended at that time for as needed use. Follow up assessment with [REDACTED] of 08/15/13 once again demonstrated continued low back and bilateral leg pain with right knee pain continuing to persist with physical examination findings unchanged. He gave the claimant a diagnosis of "right knee chronic strain" and once again recommended continued use of prescription medications and a follow up on an "as needed basis". There is once again the request for a hinged knee brace at this time. Available imaging in this case was inclusive of a lumbar MRI and was not inclusive for imaging of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a right knee lateral hinged J brace (Hng knee Srpt Right M L1810): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice

Guidelines, 2nd Edition, 2008, Summary of Recommendations of Evidence, Rest and immobilization and the Official Disability Guidelines (ODG), Knee & Leg, Knee brace. .

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure, Knee brace.

**Decision rationale:** The California MTUS ACOEM Guidelines state "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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". The Official Disability Guidelines also support the use of a brace in the setting of "1. Knee instability 2. Ligament insufficiency/deficiency 3. Reconstructed ligament 4. Articular defect repair 5. Avascular necrosis 6. Meniscal cartilage repair 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fracture". In this case there is a diagnosis of a chronic knee strain, the clinical examination was not supportive of instability and there was also no imaging of the knee. None of the clinical indicators for use of a brace were documented within the available records and as such the brace would not be recommended as medically necessary.