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| <b>Case Number:</b>   | CM13-0026924 |                              |            |
| <b>Date Assigned:</b> | 03/19/2014   | <b>Date of Injury:</b>       | 02/28/2009 |
| <b>Decision Date:</b> | 05/02/2014   | <b>UR Denial Date:</b>       | 09/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/19/2013 |

### 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 Occupational Medicine and is licensed to practice in Oklahoma and 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:

The patient is a 52 year old male who was injured on 02/28/2009. His injury occurred at [REDACTED]. The body part injuries included right knee, right hip and low back. 08/26/2013 Medications include: Motrin, Advil, Aleve, and Tylenol Extra Strength. Diagnostic studies reviewed include X-ray of right hip dated 08/26/2013 revealed no significant abnormality. X-ray of the right knee dated 08/26/2013 revealed mild joint space narrowing and a tiny joint effusion is present. PR2 dated 08/26/2013 indicated the patient is in for right knee, back, and right hip. His right knee pain is aggravated by a recent fall at home. On inspection of the right knee, there is no effusion; no erythematic; no ecchymoses and no swelling. The patient is diagnosed with chondromalacia. The recommendation for this patient is a new right knee brace as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The purchase of a right knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SECTION- KNEE BRACE

**Decision rationale:** Official Disability Guidelines Criteria for the use of knee braces: prefabricated knee braces may be appropriate in patients with one of the following conditions, 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 unicompartmental osteoarthritis, Tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model; Abnormal limb contour, such as: Valgus [knock-kneed] limb, Varus [bow-legged] limb, Tibial varum, Disproportionate thigh and calf (e.g., large thigh and small calf), Minimal muscle mass on which to suspend a brace. There is no medical documentation to support the request for a new knee brace. The patient does not meet any of the above criteria for a new knee brace. Therefore, this is not medically necessary.