

<b>Case Number:</b>	CM13-0034215		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Family Medicine 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:

50 yr. old female claimant sustained a work related injury on 5/18/11 that resulted in chronic back pain, knee pain, and a left medial meniscal tear after falling on a wet floor. An exam report on 8/6/13 indicated 4/10 knee pain, decreased range of motion of both knees, and an otherwise unremarkable knee exam. A recommendation was made for aquatic therapy for the knee and a left knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Left Knee Brace:** 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) Knee, Criteria for use of knee braces.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Guidelines

**Decision rationale:** According to the ACOEM guidelines, functional bracing as part of a rehab program is optional and does not meet criteria for research based evidence. In addition, prophylactic braces are not recommended. According to the ODG guidelines: Criteria for the

use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 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 Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb b. Varus [bow-legged] limb c. Tibial varum d. Disproportionate thigh and calf (e.g., large thigh and small calf) e. Minimal muscle mass on which to suspend a brace 2. Skin changes, such as: a. Excessive redundant soft skin b. Thin skin with risk of breakdown (e.g., chronic steroid use) 3. Severe osteoarthritis (grade III or IV) 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain) 5. Severe instability as noted on physical examination of knee In this case, the claimant did not meet criteria of the ODG guidelines and there was no indication of a brace as a part of a rehabilitation program. There was no documentation of knee instability that would necessitate a brace. As a result the use of a knee brace is not medically necessary.