

<b>Case Number:</b>	CM13-0047020		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and 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 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:

████████ knee brace appears to be a prefabricated knee brace which was recommended by the treating physician. The patient has a diagnosis of meniscus tear and uses the brace for stability and also requires a cane due to instability. ACOEM Guidelines page 340 states that 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. ACOEM further states that in all cases, braces need to be properly fitted and combined with a rehabilitation program. The records appear to indicate that the patient was currently undergoing physical therapy and continues to struggle with pain and instability of the knee. Review of therapy report from 4/11/13 mentions an MRI of knee from several years ago that showed severe joint degeneration. Per ODG guidelines, knee bracing criteria include meniscal cartilage repair, and painful unicompartmental osteoarthritis. This patient has severe degeneration of the knee and recommendation is for authorization of the requested knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

████████ **Knee Brace:** Overturned

**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 and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
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**Decision rationale:** [REDACTED] knee brace appears to be a prefabricated knee brace which was recommended by the treating physician. The patient has a diagnosis of meniscus tear and uses the brace for stability and also requires a cane due to instability. ACOEM Guidelines page 340 states that 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. ACOEM further states that in all cases, braces need to be properly fitted and combined with a rehabilitation program. The records appear to indicate that the patient was currently undergoing physical therapy and continues to struggle with pain and instability of the knee. Review of therapy report from 4/11/13 mentions an MRI of knee from several years ago that showed severe joint degeneration. Per ODG guidelines, knee bracing criteria include meniscal cartilage repair, and painful unicompartamental osteoarthritis. This patient has severe degeneration of the knee and recommendation is for authorization of the requested knee brace.