

<b>Case Number:</b>	CM13-0051930		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/17/2011
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Practice and is licensed to practice in Texas and Mississippi. 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 47-year-old male who reported injury on 07/17/2011. The mechanism of injury was stated to be the patient tried to close a trailer door when it snapped and fell, striking his right knee and foot. The patient was noted to have 2 surgeries, 1 in 2011 and 1 in 01/2013. The patient was noted to have no improvement in symptoms. The patient's diagnoses were noted to include status post arthroscopic knee surgery x 2 on the right and degenerative joint disease in the right knee. The request was made for a knee brace and an Ace wrap.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for 1 of 4 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) .

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346.

**Decision rationale:** ACOEM Guidelines indicate prolonged bracing is not recommended and a brace is usually necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. Additionally, braces need to be fitted properly and combined with a rehabilitation program. The patient was noted to have constant moderate to severe pain in

the right knee, especially with ambulation. The patient was noted to use a cane and had associated crepitus. The patient was noted to have tenderness to palpation over the prepatellar region with patellar tracking and retropatellar crepitus. The range of motion was noted to be 90 degrees in flexion and 0 degrees of extension. The McMurray's and the Apley's tests were noted to be positive. The patellar apprehension test and patellar grind were noted to be positive. There was a lack of documentation indicating the patient was working or would have the need for stressing the knee under load, such as climbing ladders or carrying boxes. Additionally, there was a lack of documentation of knee instability to support the need. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for 1 of 4 Knee Brace is not medically necessary.