

<b>Case Number:</b>	CM13-0053796		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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:

The patient is a 52 year old female with date of injury on 06/16/2008. The progress report dated 09/26/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) The patient has ongoing left knee pain refractory to conservative treatment measures, suspect patellofemoral origin, (2) minimal early degenerative arthritis of left knee, (3) patellofemoral arthritis, (4) history of left knee arthroscopic debridement and medial meniscal tear and chondroplasty of lateral femoral condyle cartilage lesion, date of surgery 03/25/2009. The patient continues with ongoing left anterior knee pain. The patient has had previous history of arthroscopic medial meniscal debridement in 2009 as well as debridement of lateral femoral condyle cartilage lesion. Recommendation was made for an arthroscopic evaluation of the left knee with postoperative physical therapy. The utilization review letter dated 10/29/2013 indicates that there was an additional request for a knee brace which was denied along with the request for the surgery and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Knee Orthosis, Double Upright, Thigh and Calf, with adjustable flexion and extension joint (Unicentric or Polycentric), Medial- Lateral and rotation control, with or without Varus/Valgus adjustment, PR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Guidelines states the following regarding knee bracing (pg. 340)

**Decision rationale:** The patient continues with anterior knee pain. The patient is S/P medial meniscal debridement in 2009 as well as debridement of lateral femoral condyle cartilage lesion. The ACOEM Guidelines page 340 states that the 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. ODG has criteria for use of pre-fabricated braces. One of the requirements includes meniscal cartilage repair. This patient continues with left knee pain and has had multiple arthroscopic surgeries. One of which was for a meniscal cartilage repair. Request for knee brace for this patient appears to be reasonable. However, ODG guidelines recommend the use of "prefabricated knee brace," and in this case, the way brace is described, appears to be custom-made with a variety of specifications. The treater should resort to any one of the simple pre-fabricated knee braces whether than relying on a rather complicated knee brace as described on request. Recommendation is for denial.