

<b>Case Number:</b>	CM13-0069186		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 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 54-year-old female with a date of injury of 04/30/2008. The listed diagnoses per [REDACTED] are: 1. DJD knee. 2. Neck sprain/strain. According to report dated 11/20/2013 by [REDACTED], the patient presents with neck, right shoulder, and right knee pain. The patient rates the pain 10/10 and Oswestry is 78%. Examination of the bilateral knees reveals positive TTP diffusely and decreased painful range of motion. The treater is requesting replacement cut out brace for the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPLACEMENT BILATERAL KNEE PATELLA CUT OUT BRACE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation ODG KNEE AND LEG (UPDATED 11/29/13), KNEE BRACE.

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

**Decision rationale:** This patient presents with neck, right shoulder, and right knee pain. The ACOEM and MTUS do not discuss knee brace. ODG Guidelines does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." ODG first further states "There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." The patient presents with decreased range of motion and positive TTP and is status post partial meniscectomy. Recommendation is for approval.