

<b>Case Number:</b>	CM13-0071464		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 and is licensed to practice in Illinois. 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 injured worker is a 47 year old male with a reported injury date of 10/09/2011 injury resulted from a metal cart falling onto the injured worker's right knee. An official MRI from 10/13/2011 revealed tricompartmental osteoarthritic spurring and mild medial and lateral degenerative joint thinning, full thickness chondral loss with degenerative subchondral marrow signal trochlear groove of the femur, and a posterior cruciate ligament tear. The clinical noted 08/20/2013 noted that the injured worker had undergone an arthroscopy of the right knee of unknown date that resulted in a postoperative infection to the knee. It was noted that the injured worker is having significant amount of pain and significant problems with the right knee but has been working since the injury. It was noted in the clinical report that an unknown medication regiment was attempted but did not help. The examination findings included a range of motion measured at 10 to 100 degrees and crepitus. It was also noted that the injured worker had received an x-ray on the day of examination that revealed tricompartmental arthritis; although no documentation of the actual x-ray was provided. It was noted that the injured worker may require a total knee replacement in the future. The request for authorization form was not provided in the clinical documentation available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL HINGED KNEE BRACE FOR PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2008 Revision, pages 1021 - 1022, as well as The Official Disability Guidelines, Knee And Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Brace.

**Decision rationale:** The request for a functional hinged knee brace for purchase is not medically necessary. It was noted that the injured worker had tricompartmental osteoarthritic spurring and mild medial and lateral degenerative joint thinning, full thickness chondral loss with degenerative subchondral marrow signal trochlear groove of the femur, and a posterior cruciate ligament tear via an MRI from 10/13/2011. The clinical note form 08/20/2013 noted that the injured worker had underwent an arthroscopy of the right knee of unknown date that resulted in a postoperative infection to the knee. Subjective findings included significant amount of unspecified pain and significant unspecified problems with the right knee despite the injured worker continuing to work. The examination findings included a range of motion measured at 10 to 100 degrees and crepitus. It was noted in the clinical report that an unknown medication regiment was attempted but did not help. It was also noted that the injured worker had received an x-ray on the day of examination that revealed tricompartmental arthritis; although no documentation of the actual x-ray was provided. The Official Disability Guidelines state that knee braces are recommended but need to be used in conjunction with a rehabilitation program and are only necessary if the injured worker is going to be placing stress on an injured knee. The guidelines also states that certain conditions must be present to include ligament insufficiency, painful unicompatmental osteoarthritis, severe osteoarthritis (grade 3 or 4), and severe instability noted on examination. The medical necessity for the need of a knee brace has not been established. Although, it was documented that the injured worker had arthritis, the severity of the arthritis remains unclear. Additionally, there were no exam findings that correlate with instability of the knee. Furthermore, there is no documented evidence provided that the injured worker had attempted adequate conservative care treatments and a lack of evidence provided that the injured worker will attempt a rehabilitation program in conjunction with the requested knee brace. As such, the request for a functional hinged knee brace for purchase is not medically necessary.