

<b>Case Number:</b>	CM14-0005173		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 & 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 48 year old male who reported an injury on 05/17/2011. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 10/22/2013 reported the injured worker complained of knee pain which was unchanged. The injured worker requested another knee support that would give him more stability. The injured worker underwent an MRI of the left knee on 10/05/2013 that revealed possible tear of the ACL and collateral ligaments. The injured worker also had 15 weeks of conservative care. The injured worker has diagnosis of left knee strain. The physical exam noted mild tenderness over the medial joint line. The physician noted knee joint appeared stable to medial, lateral, anterior, and posterior stresses. The injured workers range of motion was 100% in extension and 70% in flexion. The physician recommended the injured worker to be seen by and orthopedic specialist for further evaluation and treatment. The provider requested pro-ots hinged knee brace. The request for authorization was not provided in the clinical documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRO-OTS HINGED KNEE BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of knee braces.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339-340.

**Decision rationale:** The request for Pro-OTS hinged knee brace is not medically necessary. The injured worker complained of knee pain which was unchanged. The injured worker requested another knee support that would give him more stability. The ACOEM Guidelines note a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. There is a lack of objective findings that the injured worker has instability which would indicate the need for the use of a hinged knee brace. The injured worker has imaging evidence of a possible tear of the ACL and collateral ligaments. However, the injured worker has a current brace and there is a lack of information to support the need for another brace at this time. Therefore, the request for Pro-OTS hinged knee brace is not medically necessary.