

<b>Case Number:</b>	CM14-0005764		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Pain 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:

This patient is a 27-year-old male with a date of injury of 02/05/2013. The listed diagnoses by the treating physician are: Status post femur fracture with rod placement in 2008, Right knee chondromalacia patella, Right knee internal derangement, and Right knee mass. According to the 11/15/2013 progress report by the treating physician, the patient presents regarding right knee pain which he currently rates a 9/10 on the pain scale. He does use a knee brace for stabilization. Examination of the right knee revealed range of motion is 10 to 90 degrees. There is audible and palpable painful patellofemoral crepitus with motion. There is positive instability with valgus testing and diffuse swelling about the knee. Treater is requesting a wrap-around-hinged brace for stabilization of the right knee. Utilization review denied the request on 12/23/2013 stating Official Disability Guidelines (ODG) but provides no rationale. MRI of the right knee from 10/19/2013 revealed extensive distal femoral heterogeneous signal abnormality suggests postoperative change versus component of enchordroma. Moderate joint effusion and thickening of the proximal medial collateral ligament.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE BRACE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Knee Brace.

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

**Decision rationale:** This patient presents with continued right knee pain. The treater is requesting a wrap-around-hinged knee brace to stabilize the right knee. The 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 osteoarthritis (OA), or tibial plateau fracture." The guidelines further states "There are no high quality studies that support or refute the benefits of knee braces for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (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." This patient is status post fracture with rod replacement in 2008 with continued instability, pain and decrease in range of motion (ROM). Recommendation is for approval.