

<b>Case Number:</b>	CM14-0104604		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/23/2000
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 11/23/00. A utilization review determination dated 6/11/14 recommends non-certification of a hinged elastic knee brace. 5/28/14 medical report identifies a history of complex total knee replacement 1/31/12. She has been having episodes of pain and instability in the knee without trauma. On exam, there is instability that was not evident on the last visit. At 90 degrees of flexion, she had a 3+ anterior drawer sign and a negative posterior drawer sign. The provider recommended a course of therapy for strengthening of the quadriceps and hamstrings and noted that she may need revision of the arthroplasty. In the interim, a hinged elastic knee brace was recommended for support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hinged elastic knee brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace

**Decision rationale:** Regarding the request for a knee brace, CA MTUS and ACOEM state that a 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. 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, a brace is usually unnecessary. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, the provider notes a history of total knee replacement with some recent symptoms and findings consistent with instability. He recommended PT and noted the possibility of a revision surgery. In the interim, a knee brace was recommended for stability. Given the patient's recent knee pain and instability more than two years after TKR, a hinged knee brace is reasonable. In light of the above, the currently requested knee brace is medically necessary.