

<b>Case Number:</b>	CM14-0012090		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 37 year old female whose date of injury is 12/06/2012. On this date she tripped over a block and fell onto her right knee. The injured worker is status post right knee arthroscopy with meniscal repair on 06/12/13. Follow up note dated 07/25/13 indicates that the injured worker complains of ongoing right knee pain. Progress note dated 12/20/13 indicates that the injured worker completed 6 acupuncture sessions for the knee. The injured worker complains of right knee pain with popping and clicking. She has difficulty climbing stairs, squatting and bending. There is tenderness on exam to the medial joint line, lateral joint line and peripatellar with positive crepitus to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OTS KNEE BRACE WITH ██████████ SYSTEM:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for OTS knee brace with [REDACTED] system is not recommended as medically necessary. The Official Disability Guidelines support [REDACTED] knee device for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. The submitted records fail to indicate that the injured worker may be a candidate for total knee arthroplasty. There are no radiographic reports/imaging studies of the knee submitted for review. There is no current, detailed physical examination submitted for review.