

<b>Case Number:</b>	CM14-0012441		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/16/2014
<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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 57-year-old male who has submitted a claim for bilateral knee moderate to severe degenerative joint disease, bilateral shoulder subacromial bursitis and impingement, and bilateral shoulder symptomatic acromioclavicular joint degenerative joint disease associated with an industrial injury date of March 4, 2004. Medical records from 2008- were reviewed. The patient complained of bilateral knee pain, rated 7/9/10 in severity. There were limitations with cooking, cleaning, and self-care. Physical examination showed bilateral knee tenderness. There was painful patellar crepitus bilaterally. Bilateral knee range of motion was limited. Motor strength and sensation was intact. MRI of the right knee, dated August 11, 2004, revealed medial meniscus tear, early medial compartment degenerative changes, and altered appearance of the anterior cruciate ligament consistent with previous sprain. Left knee MRI, dated May 13, 2004, showed joint effusion, anterior cruciate ligament tear probably chronic, and radial tear at the posterior horn of the medial meniscus. Treatment to date has included medications, physical therapy, chiropractic therapy, TENS unit, acupuncture, epidural injections, home exercise program, and activity modification. Utilization review, dated January 16, 2014, denied the prospective request for 2 wraparound hinged knee braces and prospective request for 1 bilateral knee braces because knee instability was not demonstrated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 2 WRAPAROUND HINGED KNEE BRACES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

**Decision rationale:** CA MTUS ACOEM guidelines indicate that a brace should be used for patellar instability, Anterior Cruciate Ligament (ACL) tear, or Medial Collateral Ligament (MCL) 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 but for the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. In this case, patient had persistent knee pain. Although previous MRI scans of both knees in 2004 show ACL tear and knee instability, recent progress reports did not document objective evidence of such. Furthermore, the medical report did not mention whether the patient was involved in activities that subjected the knee under stress. There was also no documentation regarding active participation in a rehabilitation program during knee brace use. There was no clear indication for hinged knee braces. Therefore, the prospective request for 2 wraparound hinged knee braces is not medically necessary.

**PROSPECTIVE REQUEST FOR 1 BILATERAL KNEE BRACES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

**Decision rationale:** CA MTUS ACOEM guidelines indicate that a brace should be used for patellar instability, ACL tear, or MCL 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 but for the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. In this case, patient had persistent knee pain. Although previous MRI scans of both knees in 2004 show ACL tear and knee instability, recent progress reports did not document objective evidence of such. Furthermore, the medical report did not mention whether the patient was involved in activities that subjected the knee under stress. There was also no documentation regarding active participation in a rehabilitation program during knee brace use. There was no clear indication for knee braces. Therefore, the prospective request for 1 bilateral knee braces is not medically necessary.