

<b>Case Number:</b>	CM14-0015186		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 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:

The injured worker is a 52-year-old male with an injury reported on 07/31/2008. The mechanism of injury was described as a motor vehicle accident. The clinical note dated 01/23/2014, reported that the injured worker complained of left knee pain. The physical examination to the left knee revealed slight tenderness over the superior pole of the patella and inferior pole, as well as along the patella ligament. The injured worker's left knee joint stability was within normal limits. The injured worker's left knee demonstrated flexion to 122 degrees. The MRI of the left leg dated 01/16/2014 revealed edema and fibrosis intimate with the femoral attachment of the tibial collateral ligament and medial patellofemoral ligament, consistent with the subacute/chronic low-grade injury. The injured worker's diagnoses included left knee patellofemoral chondromalacia with medial femoral condylar microfracture. The provider requested a BioSkin patella tracking brace for the left lower extremity, as there was evidence of lateral patella tracking on exam. The Request for Authorization was submitted on 02/06/2014. The injured worker's prior treatments included a full 200 hours of a functional restoration program, chiropractic therapy, and previous imaging studies to include an MRI to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE BIOSKIN PATELLA TRACKING BRACE(DATE OF SERVICE  
01/23/2014: 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): 339-340.

**Decision rationale:** The injured worker complained of left knee pain. It was noted the left knee joint stability was within normal limits. The provider requested a BioSkin patella tracking brace for the left lower extremity, as there was evidence of lateral patella tracking on exam. The CA MTUS/ACOEM guidelines a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The guidelines indicate the knee brace is usually necessary if the injured worker is going to be stressing the knee under load, such as climbing ladders while carrying boxes. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition demonstrating any significant functional deficits was not provided. There is a lack of clinical evidence indicating the injured worker is participating in a rehabilitation program. There is a lack of physical examination evidence indicating the injured worker had significant knee instability. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity.