

<b>Case Number:</b>	CM14-0110300		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Medicine 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 44 year old male who was injured on 12/01/10 when a 500-700 pound cement casting fell from a crane and pinned his right leg. The injured worker suffered multiple injuries and has undergone three spinal surgeries and is status post anterior and posterior cruciate ligament reconstruction and open medial ligament reconstruction of the right knee performed on 11/07/11. Pertinent to this request, the injured worker is diagnosed with sprain of other specified sites of the knee and leg and complains of pain in the right knee with activity that is rated at a 5/10. The injured worker participated in a medical-legal FCE on 03/28/14 that determined the injured worker to be at 40% Whole Person Impairment with 8% on the basis of right knee ROM. The most recent evaluation and clinical record is an Agreed Medical Examination in Urology dated 05/07/14. On this date, physical examination of the right knee reveals normal motor strength of the right lower extremity at 5/5, normal sensation to pinprick in the right lower extremity and reflexes at 2/2 at the right knee and ankle. A request for a right knee brace was received on 06/17/14 and subsequently denied on 06/19/14 due to a lack of recent documentation with detailed physical examination findings and details regarding the injured worker's need for a brace to support the request. The records submitted for review with this appeal request do not seem to include mention of the need for a knee brace. There are multiple handwritten notes, however, which are illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** ACOEM states, "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." Records do not include a recent physical examination which reveals evidence of limited functional ability of the right knee which would require the use of a brace. Records did not indicate the injured worker plans to participate in activities which would stress the right knee under a load. Based on the clinical information provided, Right knee brace is not medically necessary and appropriate.