

<b>Case Number:</b>	CM14-0117453		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2014

### 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 who reported an injury on 11/07/2012. Reportedly the injury occurred secondary to stepping through a ceiling tile. The injured worker's treatment history being off work, physical therapy sessions, Synvisc, and right knee arthroscopy on 03/29/2013 for meniscectomy. The injured worker was evaluated on 06/16/2014 and it was documented that the injured worker had patellofemoral crepitation and discomfort. He had previously had a Kenalog injection but noted that this did not provide him with as much relief as the previous Synvisc viscosupplementation injections. The injured worker noted that he would like to return to work full duty; however, at this point, he continues to have extreme tenderness to the anterior aspect of his knee. He noted that he has had feelings of increased pressure, especially with knee flexion and bending and he felt this pain radiating to the patella tendon area, and to both medial and lateral in the medial and lateral joint lines. The physical examination revealed the injured worker had well healed arthroscopic portals. There was no effusion noted. The manual muscle testing was 4+/5 in all planes. He had tenderness to the patellofemoral articulation with positive patellofemoral crepitation and positive grind and tenderness to the medial compartments. Range of motion was 0 to 125 degrees. His diagnoses included industrial injury to the right knee, status post right knee arthroscopy, advanced osteoarthritis to patellofemoral and medial compartment. The Request for Authorization (undated) was for reaction knee brace, size M/L.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Reaction Knee Brace, Size M/L: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Leg and Knee Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339-340.

**Decision rationale:** The requested knee brace is not medically necessary. Per the California MTUS/ACOEM guidelines state 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 injured worker, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The injured worker noted that he would like to return to work full duty; however, at this point, he continues to have extreme tenderness to the anterior aspect of his knee. The documentation indicates the injured worker received a knee brace on 01/27/2014. There is a lack of documentation regarding that brace and the rationale for requesting an additional one. As such the request for DME reaction knee brace, size M/L is not medically necessary.