

<b>Case Number:</b>	CM14-0131666		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 40-year-old female who reported an injury on 09/17/2008 sustained injuries to her knee when she lost her balance after stepping off a stool. The injured worker's treatment history included diagnostic imaging, surgery, medication management, MRI studies and physical therapy. The injured worker was evaluated on 07/15/2014 noting that the injured worker's last surgery synovectomy of the knee and meniscectomy in the physician's office. It was noted the surgery resulted in a deep vein thrombosis. The injured worker was noted to have an x-ray on 07/15/2014 of the bilateral knees which revealed a 2 mm articular surface left on the left knee and a 3 mm articular surface left on the right knee. Diagnoses include internal derangement of the knee on the left, status post 2 surgical interventions prior to coming to the physician's office consistent with meniscectomy and the third surgery included shrinkage of the anterior cruciate ligament and a meniscectomy with improvement, internal knee derangement of the right knee, and a discogenic lumbar condition with MRI showing facet wearing more on the left than the right at L5-S1. A Request for Authorization dated 04/11/2014 was for a hinged brace for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hinged Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337.

**Decision rationale:** The requested is not medically necessary. Per (ACOEM) Guidelines, an immobilizer may be recommended only if needed for meniscal tears, collateral ligament strain or cruciate ligament tear. The guidelines also states that adjustment or modification of workstation, job tasks, or work hours and methods stretching specific knee exercises for range of motion and strengthening (avoid leg extensions for PFSs but not SLRs). At-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs and aerobic exercise. The documents that provided lacked evidence of conservative care such as home exercise and medication relief. In addition, the documents provided lacks an effective educational exercise program and the post-operative physical therapy care provided to the injured worker right knee. The request failed to indicate which knee required the hinged brace. Given the above, request for hinged brace is not medically necessary.