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| <b>Case Number:</b>   | CM14-0153601 |                              |            |
| <b>Date Assigned:</b> | 09/23/2014   | <b>Date of Injury:</b>       | 08/01/2014 |
| <b>Decision Date:</b> | 10/29/2014   | <b>UR Denial Date:</b>       | 08/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/19/2014 |

### 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, has a subspecialty in Pain Management 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 patient is a 58 year old male who sustained an industrial injury on 8/1/2014. He was getting out of his chair when he turned and heard a pop in his right knee. He is diagnosed with right knee sprain. The prior peer reviews on 8/29/2014 non-certified the request for custom knee brace. The criteria for custom knee brace were not met, and the request not medically necessary. Right knee x-rays (4 views) on 8/8/2014 reveal normal mineralization, intact joint spaces. Impression: no bony fractures. Right knee MRI on 9/3/2014 reveals: 1. Large area of marrow contusion involving the medial tibial plateau with grades I strain involving the medial collateral ligament complex. 2. Small to moderate joint effusion. 3. Hoffa's fat pad syndrome. 4. A tear involving the anterior horn of the medial meniscus with probable tear also seen involving the posterior horn of the medial meniscus. The 8/26/2014 report documents the patient returns for follow-up regarding the right knee. Since his last, exam, his condition has improved as expected. He has right knee pain, rated 3/10, of aching quality, which is aggravated with weight bearing and alleviated with medications. He is on modified activities as directed. Examination of the right knee reveals effusion at the medial aspect, mobile patella, medial joint line tenderness, no crepitus, and no muscle atrophy, pain on flexion, antalgic gait, and preserved ROM. Work restrictions are continued. Awaiting MRI and PT. Continue medications are directed. Patient instructed in proper cold and warm compression over painful sites.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom knee brace:** 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), Treatment Index, 2014 web based edition,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Knee and Leg, Knee brace

**Decision rationale:** According to the CA MTUS/ACOEM guidelines, a knee 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, which is not evident in the case of this patient. According to the Official Disability Guidelines, a knee brace is recommended under the following criteria: Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb. b. Varus [bow-legged] limb. c. Tibial varum. d. Disproportionate thigh and calf (e.g., large thigh and small calf). e. Minimal muscle mass on which to suspend a brace. 2. Skin changes, such as: a. Excessive redundant soft skin. b. Thin skin with risk of breakdown (e.g., chronic steroid use). 3. Severe osteoarthritis (grade III or IV) 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain). 5. Severe instability as noted on physical examination of knee. The patient sustained a twisting-type injury to the right knee on 8/6/2014. He is diagnosed with knee sprain and has grade 1 medial collateral ligament strain and medial meniscus tear demonstrated on MRI. A custom knee brace may be appropriate for a patient when specific conditions are present, and preclude the use of prefabricated brace. However, the medical records do not support that any of the criteria for custom knee brace are present in this case. The medical necessity and appropriateness of a custom knee brace has not been established.