

<b>Case Number:</b>	CM14-0159115		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 46 year old female with date of injury 4/29/09. The treating physician report dated 7/18/14 indicates that the patient presents with worsening pain affecting the left knee and right shoulder affecting her sleep. Additionally there is intermittent flaring of lower back pain with pain and numbness affecting the left leg and gastritis that is relieved with Prilosec. The physical examination findings reveal decreased left Achilles reflex, negative SLR, decreased sensation left L5 and S1, limited lumbar motion, positive McMurray test on the left and left knee ROM is 0-135. MRI of the left knee reveals patellofemoral osteoarthrosis characterized by moderate to high grade chondral fissuring and cartilage loss centered at medial facet and median ridge of patella dated 9/14/12. The current diagnoses are: 1.S/S lumbar spine with mild DDD 2.Left shoulder impingement syndrome 3.Left knee s/s 4.Right shoulder impingement syndrome The utilization review report dated 9/19/14 denied the request for a left knee hinged knee support based on the ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Hinged Knee Support qty: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Knee & Leg: Knee Brace

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) ODG Online Knee Chapter, Knee Brace.

**Decision rationale:** The patient presents with chronic left knee pain, right shoulder pain and lower back pain. The current request is for Left knee hinged knee support QTY: 1. the treating physician report dated 7/18/14 states, "Request authorization Left Knee Hinged Support for stability support." There are no records provided that indicates that the patient has been previously prescribed a left knee brace. The ODG guidelines indicate that knee braces may be appropriate in patients with painful unicompartmental osteoarthritis. In this case, the patient has a positive left knee MRI that indicates moderate to high-grade chondral fissuring and cartilage loss centered at medial facet and median ridge of patella. The treating physician has documented that the patient has worsening left knee pain that is limiting her walking with occasional buckling and requires stability/support. Recommendation is for authorization.