

<b>Case Number:</b>	CM14-0159162		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	11/06/2014	<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 Orthopedic Surgery; 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 50 year old male with a date of injury on 10/14/2010. The mechanism of injury was not documented. He underwent right knee arthroscopy chondroplasty as well as partial medial and lateral meniscectomies on 2/21/14. Twelve visits of post-operative physical therapy were authorized. The 9/5/14 treating physician report indicated that the injured worker was 7 months post-operation with right knee pain improvement. He complained of increased left knee pain. The right knee exam documented a range of motion of -5 to 120 degrees, neurovascular intact, and medial and lateral joint line tenderness. There was 1+ left knee swelling noted. The treatment plan recommended a patella stabilizer for the right knee and magnetic resonance imaging for the left knee. Work restrictions included no kneeling, no lifting over 20 pounds, and occasional climbing and squatting. The 9/9/14 chart note documented physical exam findings to include antalgic gait, medial left knee tenderness and 1+ effusion, bilateral range of motion -5 to 120 degrees with moderate pain, no instability, 4/5 strength, and intact sensation. Knee x-rays documented degenerative joint disease. A left knee magnetic resonance imaging scan was recommended. The 9/19/14 utilization review denied the request for right knee patellar stabilizer as there was no clinical documentation of instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Patella Stabilizer Right Knee:** 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), Knee & Leg, Knee Brace. Criteria for the use of knee braces

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

**Decision rationale:** The evidence based guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although 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. Guideline criteria have not been met. There is no clinical exam evidence of patellar instability to support the medical necessity of this request. Therefore, this request is not medically necessary.