

<b>Case Number:</b>	CM14-0180349		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 63 year old employee with date of injury 11/9/13. Records indicate the patient is undergoing treatment for exacerbation of degenerative arthritis of the right knee. Right hip pain improved since labral tear repair 8/2014. Subjective complaints include right hip pain improved since surgical repair. Right knee pain medially. Objective complaints include discomfort right hip with flexion, walks with a limp. Exam reveals right knee with varus deformity not correctable passively. Obvious marginal osteophytes present to palpation causing discomfort. Crepitus over patella with motion. MRI of right knee revealed nearly complete loss of medial tibiofemoral joint space with lack of medial meniscus associated with degenerative tears. Marginal osteophytes present with possible MCL sprain and patellofemoral disease. Possible discoid component laterally. Treatment has consisted of surgical repair of labral tear right hip. Intraarticular injections right knee. Knee sleeve and modified work. Physical therapy and medications. Medications include Vicodin, Flexeril, Voltaren, and Cyclobenzaprine. The utilization review determination was rendered on 10/10/14 recommending non-certification of Decision for retrospective request for purchase of right knee sleeve (DOS 3/3/14).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for purchase of right knee sleeve (DOS 3/3/14): Upheld**

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

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

**Decision rationale:** ACOEM states " A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial 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 patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is working with modifications and will not be stressing the knee by climbing or carrying a load. As such the request for 1 knee sleeve is not medically necessary.