

<b>Case Number:</b>	CM14-0184201		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Pain Medicine 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:

This is a patient with a date of injury of June 20, 2011. A utilization review determination dated October 30, 2014 recommends noncertification of a knee brace. A Permanent and Stationary report dated August 28, 2014 identifies subjective complaints of mild pain with walking and stairs. The patient feels "a little unstable" when he walks over uneven ground or swims and would like to have a knee brace. Physical examination findings reveal antalgic gait with slightly restricted right knee range of motion, difficulty with squatting and kneeling, and tenderness to palpation. The diagnoses include right total knee replacement, status post displaced patellar fracture, and removal of retained hardware. The treatment plan recommends a knee brace for his sports activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee Brace Bledsoe Z-12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Knee & Leg (Acute & Chronic), knee brace

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace

**Decision rationale:** Regarding the request for knee brace, Occupational Medicine Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional 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. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated. The patient has stated that he has some mild sensations of "instability," but there are no physical examination findings identifying any instability. Patients may interpret any number of sensations as "instability." However, the requesting physician has not identified whether the patient has any clinically relevant instability (supported by physical findings), which may benefit from knee bracing. In the absence of such documentation, the currently requested knee brace is not medically necessary.