

<b>Case Number:</b>	CM14-0022038		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

This patient is a 48-year-old female with date of injury 08/14/2013. Per treating physician's report, 01/28/2014, the patient presents with low back pain at 6/10, numbness and tingling that radiates into the right leg, bilateral knee pains at 2/10 with popping and knee locks up. Examination of the bilateral knee showed tenderness bilaterally of the medial joint line, popping, clicking, and crepitus of the knees bilaterally, positive McMurray's bilaterally and Apley's test bilaterally. Listed diagnoses are: 1. Status post lumbar laminectomy. 2. Bilateral knee medial compartment degenerative arthritis. 3. Right thumb basal joint arthralgia. 4. Carpal tunnel syndrome. 5. Rule out internal derangement, right wrist and hand. 6. Complaints of sleep difficulty. 7. Right ankle pain. 8. Rule out cervical radiculopathy. Recommendation was for left knee fitted support for chondromalacia. MRI of the left knee from 12/17/2013 reads grade 1 to 2 degenerative change in the posterior horn at the medial meniscus, no meniscal tear. Moderate to severe chondromalacia patella with subchondral marrow signal abnormality in the patella. MRI of the knee from 12/17/2013 showed severe chondromalacia, minimal partial ACL tear. The request for right knee fitted support was denied by 02/14/2014 utilization review letter with the rationale "evidence-based guidelines do not support the use of knee brace in the absence of instability ligament dysfunction or for non-operative use."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE FITTED SUPPORT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 1021-1022.

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

**Decision rationale:** ACOEM Guidelines page 340 states that bracing can be used for patellar instability, ACL tear, or MCL instability, although benefit may be more emotional than medical. ODG Guidelines also lists different diagnosis for prefabricated knee brace including knee instability, ligament insufficiency/deficiency and reconstruction of 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. For custom fabricated knee braces, other abnormal limb contour must be demonstrated which this patient does not present with. The requested knee bracing for chondromalacia is not supported as chondromalacia is not one of the diagnoses listed for knee bracing per ODG Guidelines. ACOEM Guidelines do not discuss knee bracing for chondromalacia either. The request for Left Knee Fitted Support is not medically necessary.