

<b>Case Number:</b>	CM14-0029043		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 38-year-old female who reported an injury on 09/19/2006. The mechanism of injury was when the injured worker exited the company vehicle backwards and struck her left knee on a bar. The diagnoses included chondromalacia of the left knee and lumbago. Previous treatments included surgery and medications. Within the clinical note dated 02/13/2014, it was reported the injured worker complained of low back pain and radiation to both legs. She reported having cramping. The injured worker complained of left knee pops, cramps, and throbs. Within the physical examination, the provider noted the left knee had minimal swelling, but medial tenderness. The provider indicated the right/thigh knee had slight swelling in the popliteal area and had pain with full extension. The injured worker's left knee had medial joint line tenderness. The provider requested a DMW open patella knee brace; however, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DMW OPEN PATELLA KNEE BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee Brace.

**Decision rationale:** The Official Disability Guidelines note knee braces are recommended for patients with the following conditions: knee instability, ligament insufficiency/deficiency, 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. There are no high quality studies that support or refuse the benefits of knee braces for patellar instability, ACL tear, or MCL instability; and in some patients, a knee brace can increase confidence, which may indirectly help the healing process. In all cases, braces need to be used in conjunction with rehabilitation programs. There is lack of clinical documentation indicating the medical necessity for a knee brace. Additionally, the request submitted failed to provide which knee the brace would be utilized for. Therefore, the request is not medically necessary.