

<b>Case Number:</b>	CM14-0030761		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/13/2003
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 52 year old male who sustained an industrial injury on 08/13/2003. The mechanism of injury was slipping on an unmounted metal plate with his left leg thrown out in front and his right leg thrown out behind him. He was subsequently diagnosed with ACL tear and torn meniscus for which he had surgical ACL repair. He continued to have pain and an MRI showed absent ACL tendon and hence he had to have a second ACL repair of his left knee. He also had an MRI of right knee that showed an ACL tear in 2007. His note from January 17, 2014 was reviewed. Subjective symptoms included left and right knee pain as well as back pain. He is able to walk for half a block before noting worsening pain in his back, hip and knee. He had a brace on his left knee for the past 6+ years, but the pads had worn out and the brace was irritating the skin of the left lower extremity. His medications included Norco, Soma, Motrin and Ambien. Pertinent examination findings included 2+/4+ tenderness over his left medial and lateral joint line, his left TFL and adductor insertions and his left medial hamstring insertion. He had bilateral positive drawer signs, left greater than right. His diagnoses included torn left and right ACLs, status post torn left meniscus and lumbosacral strain with chronic bursitis of his left hip. The plan of care included MRI of both knees and LS spine, new left custom knee brace, refill of medications including Norco, Soma, Ambien, Prilosec and Motrin. The progress note from 02/13/14 had treatment plan that included bilateral knee braces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom knee braces for right and left knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee

**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 and leg complaints, Knee braces

**Decision rationale:** According to ACOEM guidelines, a brace is recommended for patellar instability, ACL tear or MCL instability 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. According to Official Disability Guidelines, a custom-fabricated knee brace is recommended for severe instability on physical examination of knee, maximal offloading of painful or repaired knee compartment, severe osteoarthritis, skin changes and abnormal contour. The employee had ongoing instability on both knees with positive drawer sign, but was not working and had no severe instability or other criteria as above. The request for bilateral custom knee braces is not medically necessary or appropriate.