

<b>Case Number:</b>	CM14-0037989		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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:

The records, presented for review, indicate that this 52-year-old female was reportedly injured on April 7, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of knee pain. Previous surgery for the knee involving a lateral meniscectomy and chondroplasty had been stated to provide 50% relief. Current medications include oxycodone. No physical examination of the knee was performed. Diagnostic imaging studies reported a subchondral insufficiency fracture, evidence of prior lateral meniscectomy, severe lateral compartment arthritis, moderate patellofemoral chondromalacia, a small joint effusion, and a small popliteal cyst. There was a diagnosis of tricompartmental osteoarthritis of the knee. There was no mention of the need for a knee brace. A request was made for a Lantz medical knee Stat-A-Dyne splint and was not certified in the pre-authorization process on March 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LANTZ MEDICAL KNEE STAT-A-DYNE SPLINT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG (ACUTE AND CHRONIC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace, updated July 5, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the use of a prefabricated knee brace is only indicated for knee instability, ligament instability, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, failed total knee arthroplasty, painful high tibial osteotomy, painful unique compartment total osteoarthritis, or a tibial plateau fracture. However, the request is not for a traditional prefabricated knee brace. There is no justification for this request for a Lantz medical knee Stat-A-Dyne splint is not medically necessary.