

<b>Case Number:</b>	CM14-0052296		
<b>Date Assigned:</b>	04/22/2014	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	05/01/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	04/21/2014

### 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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York and Washington. 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:

Patient has been diagnosed with knee osteoarthritis, chondromalacia, and meniscal tears. MRI of the left knee from December 2012 documented subchondral edema in the medial tibial plateau. There was thinning of the articular cartilage in the medial femoral tibial compartment. There is a horizontal non-displaced medial meniscal tear. A possible tear partially of the ACL is present and there is a moderate joint effusion. The patient has tried braces and anti-inflammatory medications. He has tried intra-articular steroid injections and viscose supplementation injections, however; he continues to have knee pain. At issue is whether an extension lock brace for the left knee is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELS BRACE FOR THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Knee and Leg, Knee Brace.

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

**Decision rationale:** The patient does not have documented instability of the knee. There is no documentation of severe extension motion deficit in the knee. There is no documentation that the patient has a diagnosis consistent with the need for extension lock bracing. Since the patient's knee surgery has not been approved, and the patient does not have instability or severe loss of motion of the knee that is documented, the patient does not meet criteria for an EBL brace for the left knee. Prophylactic knee bracing is not recommended. Therefore, the requested EBL Brace for the left knee is not medically necessary and appropriate.