

<b>Case Number:</b>	CM14-0064790		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44 year old male who sustained an injury to his right knee on 03/08/13 when his pants got caught in a metal joist; he was twisted around, hitting his right knee. The injured worker underwent physical therapy and ultimately, right knee arthroscopy, partial lateral meniscectomy, medial femoral condyle microfracture and chondroplasty were performed on 08/07/13. Other treatments have included home exercise program and cortisone injection dated 12/10/13, as well as management with medications. Magnetic resonance image of the right knee dated 01/28/14 revealed joint effusion, partial tear/sprain of the anterior cruciate ligament; bone bruise of the medial femoral condyle and medial aspect of the lateral tibial plateau; tear in the lateral meniscus. A clinical note dated 02/06/14 reported that the injured worker could be considered permanent and stationary 6 months following right knee surgery. The most recent clinical note dated 08/15/14 reported that the injured worker is ambulating with crutches for all mobility following the surgery. Physical examination noted mild swelling about the postoperative right knee, flexion contracture, partial weight bearing. Range of motion right knee extension -5 degrees with 1 inch difference in tibial height during passive extension at 0 degrees; knee flexion 100/135 degrees; strength 3 quadriceps function right; mild swelling palpated about the postoperative right knee; swelling limited passive flexion right. The injured worker was recommended to continue physical therapy to address remaining functional deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Long Leg Brace Purchase for the Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition, Knee and Leg Chapter.

**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 Chapter, Knee brace.

**Decision rationale:** The request for a long leg brace purchase for the right knee is not medically necessary. Specific clinical conditions that may warrant use of a brace were not noted. A plan to use the requested brace as part of a rehabilitation program was not documented. The Official Disability Guidelines state that in all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the injured worker is going to be stressing the knee under load. There is no data in the published peer reviewed literature that shows that custom fabricated functional knee braces offer any benefit over prefabricated, off the shelf braces in terms of activities of daily living. Given this, the request for a long leg brace purchase for the right knee is not indicated as medically necessary.