

<b>Case Number:</b>	CM14-0067684		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/12/2001
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 patient is a 67 year old female sales clerk who sustained a work-related injury to her right knee dated 11/12/2001. Prior treatment history has included 6 trigger point injections. Diagnostic studies reviewed include MRI of the right knee dated 04/01/2014 revealed osteoarthritis at the patellofemoral joint. Follow-up note dated 02/25/2014 states the patient presented with "complaints of neck pain occurring at the base of the head, radiating down into the shoulder and mid-back." She rated her pain as 8-9/10. On exam, she has tenderness to palpation with discreet trigger points with hypertonicity to the occiput, mid-cervical extensors bilaterally, upper and lower trapezii bilaterally, and levator scapula bilaterally with decreased range of motion of the cervical spine in all planes. According to Peer review dated 04/25/2014, progress not dated 04/08/2014 was submitted and noted the patient complained of ongoing complaints to the right knee. The exam revealed full range of motion and mild patellar crepitation present with 2+ tenderness at lateral joint line. She is noted to have a diagnosis of knee osteoarthritis and lateral meniscal tear. The surgery that was requested is a right knee arthroscopy with meniscal repair, patellofemoral surgery, microfracture, posterior corner surgery, sub-chondroplasty, and pre-operative clearance, postop knee brace, cold therapy 14 days, chest x-ray, EKG and physical therapy. Prior utilization review dated 04/25/2014 by [REDACTED] states the request for Post-operative knee brace is not certified as the surgery is not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative 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; Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee brace.

**Decision rationale:** ACOEM guidelines state that a "brace can be used for patellar instability, ACL tear or MCL instability." Usually, a brace is necessary 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. Since the patient does not meet indications above and that surgery is not authorized, Post-Op Knee Brace is not medically necessary.