

<b>Case Number:</b>	CM14-0071012		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/14/2006
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 61-year-old male who sustained an industrial injury on 1/14/2005, as result of a crush injury from a forklift. He is status post multiple (8+) right knee surgeries, subsequently right knee total knee arthroplasty revision, with residuals. He is followed by orthopedic and pain management for chronic right knee, left ankle, lower extremity pain and disability. A prior UR determination on 5/8/2014 noncertified the requests for right knee brace. The medical records did not document the patient would be stressing the knee under load. The medical records did not specify physical examination findings of ligament insufficiency that would require bracing within guideline recommendations. The patient was seen for follow-up examination with PTP, [REDACTED], on 4/2/2014, regarding right knee traumatic arthropathy. He persists in having moderate to severe pain, mild at rest but worse with activity, prolonged walking or standing more than 5-10 minutes. On physical examination, the right knee reveals well-healed curvilinear incision toward the anterior aspect of the knee with full extension but only 60 degrees flexion. There are no focal neurologic deficits noted in the foot or ankle area. He has 5-/5 knee flexion and extension strength, minimal joint effusion and no erythema. Assessment is right knee failed arthroplasty with traumatic arthropathy, status post deep infection for the knee. He shows no overt evidence of residual infection. He has chronically painful lower extremity and left foot/ankle issues, and constant pain due to these two issues. He will continue with the Hanger orthotic for the right knee, he also has an AFO for the left foot/ankle. OxyContin was prescribed, he continues pain management with [REDACTED], he also takes Lyrica, he is to follow-up in 3 months at which time right knee x-rays would be obtained. The 5/14/2014 pain management physician's report, details the patient's history of illness, treatment and medication usage. Physical examination documents the patient is under mild to moderate distress in regards to his lower extremity pain and low back pain. He moves about very slowly with significant effort.

Range of motion of the right knee is -5 extension to 70-80 degrees flexion. Left knee motion is full extension to 90-95 degrees flexion, and lumbar motion is restricted in all planes. Diffuse tenderness is noted throughout the right knee and mild to moderate swelling is noted, tenderness throughout the right lower extremity is noted. Bilaterally hip flexion/extension strength is 4/5, knee extensor 2-3+/5 on the right and 4/5 on the left, dorsiflexion is 4+/5 on the right foot and 4-/5 on the left with pain, and plantar flexion is 3+-4-/5 in the bilateral ankles. Provocative testing reveals there is no instability noted in the right knee, but varus/valgus and anterior drawer tests reproduce pain. He remains P&S status. His condition is managed with medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 & Leg, Knee brace.

**Decision rationale:** According to the California MTUS/ACOEM guidelines, a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. 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, which has not evident in the case of this patient. The medical records do not demonstrate the patient will be stressing the knee under load, and the medical records do not document clinical findings that indicate instability of the knee. According to the medical reports, the knee is stable. Additionally, the patient does not meet any of the criteria provided by the Official Disability Guidelines for which a knee brace may be recommended. The guidelines state that for the average patient, using a brace is usually unnecessary. The medical necessity of right knee brace has not been established. Therefore, the request is not medically necessary.