

<b>Case Number:</b>	CM14-0094073		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; a cane; transfer of care to and from various providers in various specialties; earlier inguinal hernia repair surgery; and opioid therapy. In a Utilization Review Report dated June 5, 2014, the claims administrator denied a request for a knee brace, invoking non-MTUS ODG guidelines, despite the fact that the MTUS does address the topic. The applicant's attorney subsequently appealed. In an April 25, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant stated that he also had low back pain radiating to the right leg. The overall level of pain was scored a 6/10. The applicant exhibited an antalgic gait. The applicant was using a cane to move about. A knee splint was sought for support and splinting purposes. Naprosyn and Norco were endorsed. The applicant was given a 25-pound lifting limitation. It was not stated whether or not the applicant was working or not. The applicant expressed concern that his knee would give out from time to time. In a January 13, 2014 progress note, the applicant was described as having persistent complaints of knee pain associated with knee arthritis. The applicant reported persistent complaints of swelling and catching about the knee, it was stated. The applicant was described as "unable to work" as a result of knee pain secondary to knee arthritis. Authorization was sought for a knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Wrap Around Splint for the Right Knee: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for the use of knee braces

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 340.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340: "A brace can be used for patellar instability." In this case, the applicant is having issues with instability. The applicant reports that his knee is locking, catching, and giving way. The attending provider has posited that the applicant's instability has not entirely remediated through usage of a cane. Provision of a knee splint to ameliorate the applicant's instability issues is therefore indicated. Accordingly, the request is medically necessary.