

<b>Case Number:</b>	CM14-0180857		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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:

This is a 57-year-old male with a 12/6/12 date of injury, when he hit the top of his knee while getting into a large truck. The patient underwent a left knee arthroscopy on 9/25/14. The patient was seen on 10/10/14 for a postoperative evaluation. The patient stated that his knee pain was significantly improved, and denied tingling and numbness. Exam findings of the left knee revealed mild tenderness to palpation on the lateral aspect, well healed wounds, and mild effusion. The left knee flexion was 90 degrees, and the muscle strength was 4/5 in the left knee. The patient was ambulating without crutches. The diagnosis is left knee meniscus tear and chondromalacia patella. Treatment to date: left knee arthroscopy, work restrictions, crutches and medications. An adverse determination was received on 10/20/14 given that the operative report was not available for the review, and that the patient was certified for 12 sessions of PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom fitted left 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 (ODG), Knee & 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) Custom knee brace

**Decision rationale:** CA MTUS does not address this issue. ODG supports custom knee braces with a condition which may preclude the use of a prefabricated model; severe osteoarthritis (grade III or IV); the need for maximal off-loading of painful or repaired knee compartment; or severe instability as noted on physical examination. The patient underwent a left knee arthroscopy on 9/25/14. The physical examination of the left knee performed on 10/10/14 revealed mild tenderness to palpation of the lateral aspect, well healed wounds and mild effusion, flexion of 90 degrees and the muscle strength of 4/5. However, there is a lack of documentation indicating severe knee instability on the physical examination. In addition, the progress notes indicated that the patient was ambulating without crutches. Additionally, there is a lack of documentation indicating that the patient suffered from severe osteoarthritis of the knee or needed maximal off-loading. Therefore, the request for custom fitted left knee brace is not medically necessary.