

<b>Case Number:</b>	CM14-0189311		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 March 23, 2012. In a Utilization Review Report dated November 5, 2014, the claims administrator failed to approve a request for a custom knee brace with associated drop-lock and drop-lock retainer for the left knee. Non-MTUS ODG Guidelines were invoked. The claims administrator stated that its decision was based on a progress note of October 16, 2014. In a May 14, 2014 progress note, the applicant reported ongoing complaints of left knee and low back pain status post earlier quadriceps reconstruction surgery. The applicant was described as totally temporary disabled as of this point in time. Viscosupplementation injections and physical therapy were apparently pending. The applicant was not working as a truck driver. The applicant was using oral Naprosyn and Voltaren gel. The applicant's gait was not clearly described or characterized. In a medical-legal evaluation dated October 28, 2014, the applicant reported ongoing complaints of knee pain. The applicant had undergone earlier knee surgeries in April 2012 and February 2013. It was stated that the applicant had previously led hikes through the [REDACTED]. It was stated that the applicant had never resumed work and that his left knee was continuing to give way in another section of the note. The applicant stated that a previously provided left knee brace did improve his stability to some extent. He stated that he was able to walk approximately three quarters of a mile at a time. The applicant was walking in the clinic without a cane, crutch, or walker. The applicant was using a left knee brace in the clinic setting. The applicant was given a diagnosis of history of quadriceps tendon rupture in left knee, status post failed repair with degenerative arthritis, internal derangement, and chondromalacia. The medical-legal evaluator posited that the applicant had not yet reached maximum medical improvement but noted that the applicant's knee pain complaints did worsen with standing and walking activities. The medical-

legal evaluator stated that he did not believe the applicant would be able to return to regular duty work as a truck driver owing to the physical demands of the job. The applicant apparently received a patellar stabilizing brace on July 16, 2014. The applicant was asked to try and do certain exercises, including lifting weights, with the brace in place. The applicant was again placed off of work, on total temporary disability, on this occasion. The file was surveyed on several occasions. It did not appear that the October 16, 2014 office visit on which the custom knee brace at issue was sought was incorporated into the Independent Medical Review packet.

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

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

**Custom molded upright knee brace for the left knee times 1 unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): Table 13-6, 346; 340.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340, for the average applicant, a knee brace is usually unnecessary. Knee braces, per ACOEM, are typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. In this case, however, the applicant is off of work. The applicant is no longer working as a truck driver. The applicant is unlikely to be stressing his knee under load. While the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346 qualifies its position on knee braces by noting that functional bracing is "optional" as part of a rehabilitation program, in this case, however, the applicant was previously provided with some form of patellar stabilization brace on July 15, 2014. It was not clearly stated why the previously provided knee brace was inadequate here, although it is acknowledged that the October 16, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request was/is not medically necessary.

**Drop lock for the right side and left side of the knee times 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): Table 13-6, 346; 340.

**Decision rationale:** This is a derivative or companion request, one which accompanies the primary request for a custom-molded knee brace. Since that request was deemed not medically necessary, in question #1, the derivative or companion request for a 'drop-lock' is likewise not medically necessary.

**Drop lock retainer for the right side and left side of the knee times 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): Table 13-6, 346; 340.

**Decision rationale:** This is another derivative or companion request, one which accompanies the primary request for a custom knee brace. Since that request was deemed not medically necessary, in question #1, the derivative or companion request for a 'drop-lock retainer' is likewise not medically necessary.