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| <b>Case Number:</b>   | CM14-0198015 |                              |            |
| <b>Date Assigned:</b> | 12/05/2014   | <b>Date of Injury:</b>       | 02/18/2009 |
| <b>Decision Date:</b> | 01/30/2015   | <b>UR Denial Date:</b>       | 11/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/24/2014 |

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 57 year old employee with date of injury of 2/18/09. Medical records indicate the patient is undergoing treatment for s/p (7/17/09) arthroscopy medial and lateral meniscectomy and chondroplasty and s/p (7/20/11) ACL reconstruction and medical meniscectomy. He is diagnosed with internal derangement of the knee bilaterally; epicondylitis medially on the left and chronic pain syndrome. The patient is also s/p (undated) elbow epicondylar release. Subjective complaints include pain with numbness and tingling to the left elbow and pain in the left knee. The patient complained of stress, anxiety and depression related to his chronic pain. He complains of inability to stand or walk for a prolonged period of time. Objective findings include weakness against resistance. Left knee exam: extension at 170 degrees and flexion at 120 degrees (seated). There was mild swelling and tenderness along the joint. The left elbow had tenderness, medial greater than lateral epicondyle not to stretch or resisted function. An MRI of the left knee dated 8/29/13 revealed a grade 1 anterior medial collateral ligament, a grade 3 tear of the body and anterior horn of the lateral meniscus, mild change of osteoarthritis in the left knee, grade 3 chondromalacia of the patella, mild synovial effusion and mild subcutaneous edema around the knee joint. X-rays on 10/10/14 revealed a complete loss of articular surface medially on the right knee and loss of articular surface medially on the left knee. Treatment has consisted of TENS unit, PT, chiropractic care, Nalfon, Tramadol, Flexeril and HEP. The utilization review determination was rendered on 11/24/2014 recommending non-certification of a Defiance brace molded plastic, for the right and left knees, quantity of two.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Defiance brace molded plastic, for the right and left knees, quantity of two:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

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

**Decision rationale:** ACOEM states" A 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. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such the request for Defiance brace molded plastic, for the right and left knees, quantity of two is not medically necessary.

**Addition to lower extremity, above knee, for the right and left knee, quantity of two:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

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

**Decision rationale:** ACOEM states" A 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. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such the request for Addition to lower extremity, above knee, for the right and left knee, quantity of two is not medically necessary.

**Addition to lower extremity, below knee, for the right and left knee, quantity of two:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

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

**Decision rationale:** ACOEM states " A 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. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such the request for Addition to lower extremity, below knee, for the right and left knee, quantity of two is not medically necessary.

**Hinged elbow brace for the left elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (acute and chronic), Total elbow replacement (TER).

**Decision rationale:** There are a few different studies noted in the Occupational Medicine Practice Guidelines available on the use of Epicondylgia supports (bands, braces and straps). One such study noted in the guidelines concluded that after 3 months of brace treatment, individuals experienced a decrease in pain, improvement in functionality of the arm, and pain-free grip strength in patients with lateral epicondylitis. The benefits lasted up to 12 months after cessation of the brace. Quality studies are available on brace use in acute, subacute, and chronic lateral epicondylalgia sufferers, but the braces used in the research studies are not widely used in the United States. ODG states "Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. (Borkholder, 2004) (Derebery, 2005) (Van De Streek, 2004) (Jensen, 2001) (Struijs, 2001) (Jansen, 1997) If used, bracing or splitting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy". The patient is beyond the acute phase of his elbow injury and guidelines recommend a brace for only short term initial treatment. As such, the request for Hinged elbow brace for the left elbow is not medically necessary.