

<b>Case Number:</b>	CM14-0204653		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal 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 injured worker (IW) is a 41-year-old man with a date of injury of January 20, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical/trapezial musculoligamentous strain/sprain; thoracic spine musculoligamentous sprain/strain; lumbar spine musculoligamentous sprain/strain; bilateral shoulder periscapular strain/impingement/tendinitis; status post bilateral knee contusion/sprain/patellofemoral arthralgia; status post right rib fracture; status post right heel contusion; left elbow contusion; status post right ocular orbital fracture, deferred; and post-traumatic headaches/right eye/psychiatric/sleep complaints, deferred. MRI of the right knee dated June 27, 2014 revealed joint effusion, moderate chondromalacia of the patella, sprain or partial tear of the posterior cruciate ligament. Pursuant to the progress note dated November 25, 2014, the IW complains of bilateral continued, persistent bilateral knee pain with popping, locking and mistrust. Pain is rated 7/10. Examination of the bilateral knees reveals tenderness to palpation over the medial and lateral joint lines and patellofemoral joints. Crepitus is present. Laxity is 1+ on the right with posterior drawer test. McMurray's test is positive bilaterally. Range of motion in the knees is decreased with pain. The IW is status post specialist evaluation on October 10, 2014. The recommendation is bilateral knee surgery. Recommendations include continue home exercises, refills medications, bilateral shoulder subacromial injection, physical therapy and follow-up in 5 weeks. The current request is for 1 custom made new ligament brace for the right knee. The September 2014, October 2014, and November 2014 notes were reviewed in their entirety. The treating physician did not provided any documentation regarding the request for the custom made knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Custom made new ligament brace for right knee: Upheld**

**Claims Administrator 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 (Acute & Chronic), Knee Brace

**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 Section, Knee Bracing

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, one custom new ligament brace for the right knee is not medically necessary. The guidelines recommend knee bracing ligament instability even though benefits may be more emotional than medical. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the need under load. Custom fabricated knee braces may be appropriate for severe instability. In this case, the injured workers working diagnoses (knee related) are status post bilateral knee contusion/sprain/patellofemoral arthralgia, with MRI dated June 27, 2014 showing joint effusion, horizontal tear of the anterior form lateral meniscus associated with a para meniscal cyst located anteriorly, chondromalacia of the patella, superficial varicose veins, osteoarthritis and a small baker cyst, sprain or partial thickness tear of the posterior cruciate ligament. See progress note dated November 25, 2014 for additional diagnoses. A review of the medical records including progress notes dated September 4, 2014, October 14, 2014, and November 25, 2014 do not show any objective findings referable to the knees. The guidelines recommend the bracing ligament instability if the patient is going to be stressing the need under load. The documentation noted clinical findings of positive right posterior drawer and right posterior lateral rotatory instability, the magnitude of instability was not evaluated. MRI showed findings consistent with sprain or partial thickness tear. Custom-made fabricated knee braces are recommended for severe instability, however, the available evidence did not suggest severe instability to warrant a custom-made brace. Consequently, absent the appropriate clinical objective findings, one new custom ligament brace for the right knee is not medically necessary.