

<b>Case Number:</b>	CM14-0204876		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/21/2014
<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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of July 30, 2002. A utilization review determination dated December 8, 2014 recommends noncertification for a left knee brace. Noncertification was recommended due to lack of documentation that the patient is going to be stressing the knee under load. A progress report dated October 27, 2014 identifies subjective complaints indicating that the knee has become "locked. It is painful. He is hobbling. He can barely walk on it. He is not slept in 2 days." The note indicates that the patient has had multiple surgeries to the knee and that his knee braces are worn out and need to be replaced. Physical examination indicates that the knee is "blocked to flexion; it barely gets to 45 without extreme pain. There is swelling." Diagnoses are chronic pain syndrome under poor control, unspecified disorder of the joint, pain in joints, and unspecified internal derangement of the knee. The treatment plan recommends new knee braces and a knee injection. A progress report dated September 15, 2014 indicates that the patient has an altered Q angle in his knee, braces are worn out, hinges are loose, and Velcro is almost non-adherent. The treatment plan indicates that the patient needs arthroplasty to the joint and a new knee brace. The note states that he needs preoperative clearance prior to arthroplasty. A progress report dated June 24, 2014 states that a weight-bearing brace for the left knee with BioniCare system was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) left knee brace:** Upheld

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

**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 Chapter, Knee brace.

**Decision rationale:** Regarding the request for One (1) left knee brace, Occupational Medicine Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional 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. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, it appears the patient may have some instability and likely has some osteoarthritis. However, these are not well documented other than "blocking to flexion." Additionally, it appears the patient has a pending total knee arthroplasty. It is unclear why the patient would need a knee brace prior to a total joint replacement. Furthermore, notes indicate that the patient has had a left knee brace with BioniCare recently authorized. It is unclear why an additional brace would be required. In the absence of clarity regarding those issues, the currently requested One (1) left knee brace is not medically necessary.