

<b>Case Number:</b>	CM14-0069220		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/14/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 is a 61 year old male, who sustained an industrial injury on January 14, 2006. The injured worker was diagnosed as having joint pain and osteoarthritis. Treatment and diagnostic studies to date have included multiple operations, failed knee arthroplasty, brace and medication. A progress note dated February 2, 2014 the injured worker complains of knee, ankle and foot pain. Physical exam notes well healed surgical incision and no neurological deficits. He does have minimal joint effusion. He has had deep infection in the knee and has chronic lower extremity pain. The plan includes knee brace, medication and follow up X-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 & Leg (Acute & Chronic) Knee brace.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints states that activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. Official Disability Guidelines (ODG) indicate that knee braces are recommended for painful failed total knee arthroplasty, knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful unicompartmental osteoarthritis, abnormal limb contour, valgus, varus, varum, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, heavy patient, and significant pain. The progress report dated 4/2/14 documented right knee failed arthroplasty with traumatic arthropathy. The patient was seriously considering amputation. Physical examination demonstrated right knee laxity and decreased range of motion. The progress report dated 5/16/14 documented a history of eight right knee surgeries. Physical examination demonstrated right knee range of motion -5 degrees extension and 80 degrees flexion. Right knee had tenderness and swelling. Right knee motor strength was decreased. The right lower extremity had decreased sensation. Ambulation was slow. Medical records documented eight right knee surgeries, right knee failed arthroplasty with traumatic arthropathy, consideration for amputation, significant pain, and knee instability. Official Disability Guidelines (ODG) indicate that knee braces are recommended for painful failed total knee arthroplasty. Therefore, the request for a right knee brace is supported by ODG guidelines. Therefore, the request for right knee brace is medically necessary.