

<b>Case Number:</b>	CM14-0073462		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/13/1991
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 is a 66-year-old male who originally developed low back pain while lifting a pool heater on May 13, 1991. He complains of neck pain radiating to the upper extremities, bilateral knee pain, right shoulder pain, and low back pain. His surgeries include a prior lumbar fusion from L4-S1, a left total knee replacement, and a right knee arthroscopy. The diagnoses include history of left total knee replacement, right knee osteoarthritis, bilateral internal derangement of the knees, lumbar spinal stenosis, torn right-sided rotator cuff, and lumbar radiculopathy. He has been treated with a variety of medications and cervical and lumbar epidural steroid injections. He makes use of knee sleeves bilaterally which he says provide support and alleviate pain. The physical exam reveals an antalgic gait. There is diminished cervical and lumbar range of motion. There is tenderness to palpation of the cervical and lumbar paraspinal muscles. There is diminished sensation bilaterally of the C5-C6 and L5-S1 dermatome regions. A previous MRI scan of the right knee revealed degeneration of the lateral meniscus. On May 5, 2014 the injured worker had a right knee aspiration and cortisone injection. At issue is a request for replacement knee sleeves. This was previously noncertified as there was no recent physical exam establishing a need for the sleeves.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Knee Sleeves:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee Brace

**Decision rationale:** Per the Official Disability Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability 2. Ligament insufficiency/deficiency 3. Reconstructed ligament 4. Articular defect repair 5. Avascular necrosis 6. Meniscal cartilage repair 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fracture. In this instance, the injured worker continues to have left knee pain following a total knee arthroplasty. Additionally, it appears he has had meniscal cartilage repair to the right knee with continued pain. Therefore, it would seem that the injured worker's status satisfies the referenced criteria for prefabricated knee braces. The guidelines do not require a recent knee examination as a prerequisite. Hence, bilateral knee sleeves are medically necessary.