

<b>Case Number:</b>	CM14-0077089		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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: Physical Medicine & Rehabilitation

### 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 28 year old female who sustained an industrial injury on March 16, 2011. She has reported injury to the left knee and has been diagnosed with status post left knee arthroscopic surgery and stress deferred. Treatment has included surgery, injection, and medications. The last progress note dated May 2, 2014 noted the injured worker having severe crepitus to the left knee over the patella. The treatment request included a patellofemoral brace (left knee).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Patellofemoral Brace for Left Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 339-340.

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

**Decision rationale:** The patient presents on 03/25/14 with unrated left knee pain following recent surgery. The patient's date of injury is 03/16/11. Patient is status post left knee

arthroscopic surgery. The request is for Patellofemoral Brace For Left Knee. The RFA is dated 04/16/14. Physical examination dated 03/25/14 reveals instability to the left knee, antalgic gait, patellar crepitus, and full range of motion to the left knee. The progress note is hand written and the remaining physical findings are illegible. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 03/25/14 progress note, patient is advised to remain off work until 05/06/14. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13, Knee Complaints, page 340, under Activity Alteration states: 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. In regard to the knee brace for this patient's continuing pain and post-operative instability, the request appears reasonable. The documentation provided does not mention any knee braces or other DME being issued to date. MTUS/ACOEM provides some support for knee bracing in cases where the patient presents with joint instability. This patient meets these criteria for bracing, which could provide some pain relief and functional improvement. Therefore, the request IS medically necessary.