

<b>Case Number:</b>	CM14-0091118		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old male who sustained an industrial injury on 03/11/2014. He reported right foot pain. The injured worker was diagnosed with sprain, foot, right; cellulitis foot, right; abscess, foot, right; and MRSA positive. Treatment to date has included antibiotics and pain medication. Currently, the injured worker complains of pain of the right knee, leg and foot. The treatment plan includes a MRI of the right knee, a podiatrist consult, psysio-therapy treatment, acupuncture, computerized range of movement and muscle testing and a right knee brace. A request for authorization was submitted for a cane for right knee and a right knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & foot.

**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:** The claimant is more than one year status post work-related injury and continues to be treated for right foot pain including treatment for cellulitis and an abscess. When seen by the requesting provider he was having ongoing right knee and foot pain. Physical examination findings included positive patellar compression testing with decreased range of motion. Diagnoses included strain of the ankle and foot and possible internal derangement of the knee. Although there are no high quality studies that support or refute the benefits of knee braces for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, in some patients a knee brace can increase confidence, which may indirectly help with the healing process. 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 knee under load. In this case, there are no reported activities planned that would cause excessive stress to the knee and therefore, the requested knee brace is not medically necessary.

**Cane for right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & foot.

**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) Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for right foot pain including treatment for cellulitis and an abscess. When seen by the requesting provider he was having ongoing right knee and foot pain. Physical examination findings included positive patellar compression testing with decreased range of motion. Diagnoses included strain of the ankle and foot and possible internal derangement of the knee. Use of a cane can be recommended when there is a diagnosis of osteoarthritis of the knee. In this case, the claimant does not have this diagnosis. When seen by the requesting provider there was no reported gait dysfunction. Therefore, the requested cane is not medically necessary.