

<b>Case Number:</b>	CM15-0005250		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 52 year old male, who sustained an industrial injury on 10/22/2012. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with right knee meniscal tear, lumbar back pain radiating to the bilateral lower extremities secondary to disc herniation, status post eye contusion, and status post diagnostic and operative arthroscopy to the right knee with partial medial meniscectomy, extensive synovectomy, and chondroplasty. Treatment to date has included a knee program, above listed surgical procedures, and an oral medication regimen. Currently, the injured worker complains of medial joint line pain that is exacerbated with squatting and bending activities and quadriceps weakness. The treating physician requested custom medial compartment unloading brace for the right knee, but the documentation provided did not indicate the reason for the requested equipment. On 01/06/2015, Utilization Review non-certified a prescription for a custom medial compartment unloading brace for the right knee, noting the Official Disability Guidelines-Treatment in Workers' Compensation, Integrated Treatment/Disability Duration Guidelines, Knee Chapter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Medial Compartment Unloading Brace for Right Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC; Knee Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation knee chapter, knee brace

**Decision rationale:** This patient presents with right knee pain. The patient is status post right knee arthroscopy from 09/02/2014. The treater is requesting CUSTOM MEDIAL COMPARTMENT UNLOADING BRACE FOR RIGHT KNEE. The RFA was not made available. The patient's date of injury is from 10/22/2012 and his current work status is deferred to PTP. The ACOEM Guidelines page 304 states that a brace can be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability, although its benefits may be more of emotional than medical. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG further states that 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. For custom-fitted knee brace, ODG requires specific problems with the knee contour, skin, or severe osteoarthritis. The 12/15/2014 report notes that the patient is 3 months post arthroscopic surgery of the right knee. He has improved with decreased pain and absence of mechanical symptoms, but still has medial joint line pain aggravated by squatting and bending activities. The patient still has residual quadriceps weakness. He has not yet attended physical therapy since the surgery. Inspection of the right knee shows a 1-cm quadriceps atrophy with mild effusion. There is medial and lateral collateral tenderness in the bilateral knees. While the patient is post knee surgery, the patient does not present with any of the conditions mentioned by the ACOEM and ODG Guidelines that would support the use of a custom-fitted brace. The request IS NOT medically necessary.