

<b>Case Number:</b>	CM15-0106341		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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, Indiana, New York  
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 58-year-old female who sustained a work related injury July 26, 2013. According to a treating physician's progress report dated April 15, 2015, the injured worker presented for an orthopedic re-evaluation regarding her right knee. An MRI of the right knee, dated September 5, 2013, revealed a lateral meniscal tear. She is symptomatic with achiness, stiffness, and mechanical symptoms of locking, catching, and clicking. Physical examination of the right knee revealed tenderness to palpation along the lateral joint line and range of motion 0-130 degrees. Diagnosis is documented as lateral meniscal tear, right knee. The treatment plan included diagnostic and operative arthroscopy with partial lateral meniscectomy. She will continue with conservative measures; rest, ice, anti-inflammatory and analgesics. At issue, is the retrospective request for a hinged knee brace and a knee disc/dial lock, purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective one knee disc/dial lock/adj times 2 (DOS 4/15/2015): Upheld**

**Claims Administrator 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 (05/05/15).

**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 section, Braces.

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective one knee disc/dial lock/adj times 2 (date of service April 15, 2015) is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but 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. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured worker's working diagnosis is lateral meniscal tear. The medical record contains 33 pages there are two progress notes in the medical record. One progress note is dated April 2, 2014 and the most recent progress note is dated April 15, 2015. The most recent progress note states the injured worker was last seen one year ago. A request for arthroscopy was made and subsequently denied. The claim for the knee was not addressed over a 12-month period and the injured worker now presents with continued pain, clicking and locking in the right knee. Objectively, there is tenderness over the lateral joint line. Range of motion shows flexion to 130. There is no clinical discussion regarding a hinge brace in the April 15, 2015 progress note. There is no clinical indication or rationale for the hinge brace in the medical record. The documentation did not state whether the injured worker was ambulatory, although strength was 5/5 in the lower extremities. The documentation states the injured worker should continue to work in an unrestricted fashion. Absent clinical documentation with the clinical indication and rationale for a hinged knee brace, retrospective one hinge knee brace date of service April 15, 2015 is not medically necessary. If the hinged knee brace is not medically necessary, the use of additional components to the brace are not medically necessary and retrospective one knee disc/dial lock/adj times 2 (date of service April 15, 2015) is not medically necessary.

**Retrospective one hinged knee brace (DOS 4/15/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic): Knee brace (05/05/15).

**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 section, Braces.

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective one hinged knee brace date of service April 15, 2015 is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but 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. The Official Disability Guidelines enumerate the criteria for the use of knee

braces both prefabricated and custom fabricated. In this case, the injured worker's working diagnosis is lateral meniscal tear. The medical record contains 33 pages there are two progress notes in the medical record. One progress note is dated April 2, 2014 and the most recent progress note is dated April 15, 2015. The most recent progress note states the injured worker was last seen one year ago. A request for arthroscopy was made and subsequently denied. The claim for the knee was not addressed over a 12-month period and the injured worker now presents with continued pain, clicking and locking in the right knee. Objectively, there is tenderness over the lateral joint line. Range of motion shows flexion to 130. There is no clinical discussion regarding a hinge brace in the April 15, 2015 progress note. There is no clinical indication or rationale for the hinge brace in the medical record. The documentation did not state whether the injured worker was ambulatory, although strength was 5/5 in the lower extremities. The documentation states the injured worker should continue to work in an unrestricted fashion. Consequently, absent clinical documentation with the clinical indication and rationale for a hinged knee brace, retrospective one hinged knee brace date of service April 15, 2015 is not medically necessary.