

<b>Case Number:</b>	CM15-0108773		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, 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 is a 49-year-old male who sustained an industrial injury on 02/07/2014. Mechanism of injury occurred when he was run over by a forklift at work. Diagnoses include status post right knee MCL repair and reconstruction with Achilles allograft, right knee arthroscopic partial medial and lateral meniscectomies, right knee arthroscopic chondroplasty medial and patellofemoral compartments, and plica excision and surgeon directed fluoroscopy, sprain of medial collateral ligament of the right knee, osteoarthritis of the right knee, and derangement of the posterior horn of medial meniscus on the right. Treatment to date has included diagnostic studies, status post knee surgery, hinged knee brace, medications, physical therapy, and acupuncture. A physician progress note dated 04/29/2015 documents the injured worker is almost 5 months post knee surgery. He ambulates with a cane and has been working with aquatic physical therapy. He is having a lot of low back pain and sciatica, which is being managed by a physical medicine physician. Right knee range of motion is 2-130 degrees, and stable to varus and valgus stress. The injured worker is making steady progress. The patient is requesting a custom-hinged knee brace, which the provider felt to be a reasonable request given the significant injury to the MCL. Treatment requested is for hinged knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hinged knee brace customer fit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for a knee brace, Occupational Medicine Practice Guidelines state that 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. Within the documentation available for review, the patient requested a custom- hinged knee brace. He was approximately 5 months status post MCL repair and was noted to be progressive well with no instability on exam. Given the absence of any instability or any indication that the patient will be stressing the knee under load, there is no clear indication for a brace at this point. In the absence of such documentation, the currently requested knee brace is not medically necessary.