

<b>Case Number:</b>	CM15-0168479		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/16/2004
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 61-year-old male who sustained an industrial injury on 08-16-2004. Current diagnoses include left knee chondromalacia and degenerative joint disease. Previous MRI of the left knee dated 01-09-2012 was included for review. Report dated 08-05-2015 noted that the injured worker presented with complaints that included ongoing pain in the left knee. The physician noted that the injured worker was utilizing a brace, however his brace has broken down, as the velcro is failing. Previous requests were made for another brace. The physician stated, "That the brace helps with stability, and we would not like to cause problems with work or any type of surgery or intervention, as at this time he is stable." Physical examination revealed range of motion to be 0-120; crepitation with range of motion and pain in the medial joint line, no effusion, strength is decreased on the left with flexion and extension, and negative for any stress testing for any laxity and negative McMurray's. Previous treatments included medications, knee support, and home exercises. The treatment plan included continued request for the left knee Breg support brace for him to utilize during activities that might cause problems, as we would not like him to have any exacerbations, and follow up in 2 months. Currently the injured worker is working full duty with restrictions. Request for authorization dated 08-05- 2015, included requests for left knee brace support "Breg" brand. The utilization review dated 08-12-2015, non-certified the request for a left knee brace support "Breg" brand based on the following rational. The utilization reviewer stated, "In this case, the requested left knee brace is not medically necessary as the patient has no documented instability."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee brace support "Bleg" brand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**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) chapter under Knee Brace.

**Decision rationale:** The patient presents on 08/05/15 with ongoing unrated left knee pain. The patient's date of injury is 08/16/04. Patient has no documented surgical history directed at this complaint. The request is for LEFT KNEE BRACE SUPPORT "BLEG" BRAND. The RFA is dated 08/05/15. Physical examination dated 08/05/15 reveals left knee range of motion to be 120 degrees with crepitus noted, pain in the medial joint line with no laxity noted. The patient's current medication regimen is not provided. Patient is currently working full duties. ODG guidelines, chapter Knee & Leg (Acute & Chronic) chapter under Knee Brace, provides following criteria for the use of knee brace: Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. While ODG does not specifically address the use of this particular brand of knee brace, the request is appropriate. Progress note dated 08/05/15 notes that this patient was previously issued a knee brace, though the velcro on the current brace has failed and it no longer functions correctly as it cannot be affixed to this patient's knee. This patient presents with left knee chondromalacia, osteoarthritis, and degenerative joint disease, conditions for which bracing is considered a conservative option. Given the failure of this patient's current knee brace and the documentation of improved stability and improved function attributed to bracing, a replacement brace is an appropriate measure. Therefore, the request IS medically necessary.