

<b>Case Number:</b>	CM15-0180322		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 40-year-old male, with a reported date of injury of 02-28-2012. The diagnoses include chronic right knee pain with grade 1 and grade 2 chondromalacia of the patellar cartilage. Treatments and evaluation to date have included Norco, Amitriptyline, and Lidoderm pain patches. The diagnostic studies to date have not been included in the medical records. The progress report dated 07-07-2015 indicates that the injured worker had right knee pain. The objective findings (05-12-2015 to 07-07-2015) include negative right knee McMurray's and Lachman's tests and tenderness in the right knee without swelling. It was noted that the injured worker was currently working and was on limited duty status. The treatment plan included the replacement of the right knee brace. The progress report dated 05-12-2015 indicates that the injured worker had not received his knee brace for the right knee. There was documentation that an MRI of the right knee on 03-13-2012 showed grade 1 and grade 2 chondromalacia of the patellar cartilage. The treating physician requested a replacement right knee brace. On 08-12-2015, Utilization Review (UR) non-certified the request for a replacement 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 (replacement): Upheld**

**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 with pain in the right knee, right ankle, and right heel. The request is for right knee brace (replacement). The patient presents with pain in the right knee, right ankle, and right heel. The request is for MRI of the right knee. Physical examination to the right knee on 07/07/15 revealed tenderness to palpation. McMurray's and Lachman's tests were negative. Per 05/12/15 progress report, patient's diagnosis include chronic right knee pain with grade I and II chondromalacia of the patellar cartilage on the MRI scan from March 13, 2012, awaiting authorization for a repeat right knee MRI scan; chronic right ankle sprain with evidence of mild sinus tarsi syndrome noted on the MRI scan of February 15, 2013; chronic right shoulder sprain; ulcer disease exacerbated or aggravated by the treatment of his industrial injury on February 28, 2012 with oral anti-inflammatory medications such as Naprosyn which have been discontinued; history of elevated liver function tests probably related to Acetaminophen or Diclofenac in the past, he has been advised by his primary care doctor that he is okay to take the Norco for pain. Patient's medications, per 04/14/15 progress report include Norco, Amitriptyline, and Lidoderm Patch. Patient's work status is modified duties. ODG guidelines, 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. The treater has not discussed this request; no RFA was provided either. The patient continues with pain in the right knee and is diagnosed with chronic right knee pain with grade I and II chondromalacia of the patellar cartilage. Physical examination to the right knee on 07/07/15 revealed tenderness to palpation. McMurray's and Lachman's tests were negative. In this case, the patient is not post-operative and does not present with any of the guideline indications, such as knee instability, ligament insufficiency/deficiency, etc. to necessitate knee bracing. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.