MAXIMUS Federal Services

| Case Number: | CM15-0181002 | | |
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| Date Assigned: | 09/22/2015 | Date of Injury: | 12/17/2014 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 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: Massachusetts
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 34 year old female, who sustained an industrial injury on 12-17-2014. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for contusion of right knee, sprain and strain of right knee, and right knee medial and lateral meniscal tears. Medical records (7-31-2015) indicate the injured worker is 2 weeks post-op. The injured worker reported intermittent right knee pain with radiating pain up to the right hip with tingling in the right knee. The right knee pain is aggravated by bending and alleviated by elevation and pain medication. The physical exam (7-31-2015) revealed well-healing arthroscopic incisions, no erythema or discharge, residual swelling, normal extension, and decreased flexion. Surgeries to date have included a right knee arthroscopic resection of suprapatellar plica, partial posterior horn of medial meniscectomy, tibia chondroplasty, partial synovectomy of the suprapatellar region, chondroplasty and shaving of the medial femoral condyle on 7-17-2015. The right knee sutures were removed during this visit (7-31-2015). Treatment has included physical therapy prior to surgery, off work, crutches, a post-op knee immobilizer, and medications including pain, antibiotic, and non-steroidal anti-inflammatory. Per the treating physician (9-9-2015 report), the injured worker is to remain off work. The requested treatments included a hinged knee brace XXXL. On 8-17-2015, the original utilization review non-certified a request for a hinged knee brace XXXL.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hinged knee brace XXXL:** 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), Knee & Leg.

**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), Knee Brace.

**Decision rationale:** The claimant sustained a work injury in January 2015 when, while descending stairs, she stepped hard on her left foot and lost her balance landing on the right knee. She underwent right knee arthroscopic surgery with a partial medial meniscotomy, plica resection, chondroplasty, and partial synovectomy. When seen, she was one week status post surgery. She was using a knee immobilizer and crutches. The brace was too tight and causing compression and there were marks on her skin. She had pain rated at 8/10 with radiating symptoms to the hip. Physical examination findings included decreased neat range of motion with swelling and a slight joint effusion. Authorization is being requested for an XXXL hinged knee brace. The claimant's body mass index is nearly 37. A prefabricated knee brace may be appropriate after meniscal repair. 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. In this case, the claimant had not yet started a rehabilitation program. She was wearing a knee immobilizer that was too tight and there is no rationale as to why a hinged brace was now being requested. Brace being requested was not medically necessary.