

<b>Case Number:</b>	CM15-0210047		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 66 year old female, who sustained an industrial injury on 11-14-2011. The injured worker is being treated for degenerative joint disease knee tibia-fibula and patella, and osteoarthritis. Treatment to date has included right total knee replacement (11-25-2014), activity modification, diagnostics, and right knee and quadricep injection of Marcaine and DepoMedrol. Per the Primary Treating Physician's Progress Report dated 9-17-2015, the injured worker presented for follow-up regarding her right leg. The surgery for a ruptured quadriceps was denied. Objective findings were not documented at this visit. Per the note dated 8-20-2015 she had a worsening palpable defect of the distal quadriceps which was tender and painful. She had full extension and flexion to 100 degrees. The notes from the provider do not document efficacy of the current treatment. Her recent injection did not lessen the pain. Work status was not provided in the submitted documentation. The plan of care included physical therapy and a Breg knee brace set for decreased motion of 0-60 degrees so that she may ambulate. Authorization was requested on 10-05-2015 for a right knee brace for purchase. On 10-12-2015, Utilization Review non-certified the request for a right knee brace for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee brace for purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration, Follow-up Visits.

**Decision rationale:** Review indicates the patient with incomplete quadriceps rupture and continues to treat for this injury of 2011. Clinical exam showed stable range with full knee extension and flexion of 100 degrees; with intact motor strength and sensation. Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty; however, the patient is s/p right total knee replacement in November 2014. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the "off the shelf" type. The medical necessity of a brace may be an individual consideration in patients with abnormal limb contour, knee deformity, or large size, all of which would preclude the use of the "off the shelf" model. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of a functional knee brace compared to the off-the-shelf type, in terms of activities of daily living. In addition, many of the active functional knee braces are designed specifically for participation in elective sports, not applicable in this case. Submitted reports have not adequately demonstrated the indication or clinical findings to support this knee brace with exam findings of full extension and normal motor strength without neurological deficits. Immobilization would be appropriate for the first weeks during the acute phase, not indicated here for this 2011 injury. The Right knee brace for purchase is not medically necessary and appropriate.