

<b>Case Number:</b>	CM15-0031070		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	12/31/1999
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 73-year-old male ( ) who sustained a work related injury, documented as cumulative trauma, December 31, 1999. Past medical history includes hypertension and left total knee replacement November 2011. According to a primary treating physician's progress report dated December 10, 2014, the injured worker presented for evaluation with complaints of severe lumbosacral burning pain with radiation to right buttock and right hip. Examination revealed straight leg raise test, positive in sitting and lying position in the right lower extremity and positive cross leg straight leg raise downright lower extremity. Evaluation of heel raise not equal for both feet, rhythm of walking altered and gait antalgic. There is moderate tenderness of the right knee lateral aspect; medial aspect and over the patellofemoral joint; trace effusion coarse crepitus; atrophy muscle tone with pain described as constant and dull. There are deformities/misalignments/discrepancies; calcaneal valgus right; calcaneal valgus left and rear foot valgus left. Diagnoses included displacement lumbar disc without myelopathy; myofascial pain syndrome and tibialis posterior dysfunction bilateral feet. Recommendations included; awaiting authorizations for custom shoes and inserts, surgical evaluation, medications, and continued care with podiatrist. According to utilization review dated February 5, 2015, the request for a Bilateral Knee Stabilizing Brace is non-certified, citing MTUS ACOEM Guidelines and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral knee stabilizing brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace.

**Decision rationale:** Regarding the request for bilateral knee stabilizing 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. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, there is no indication that the patient has instability in both knees or another indication for bracing both knees, or any indication that the patient will be stressing the knee under load. In the absence of such documentation, the currently requested bilateral knee stabilizing brace is not medically necessary.