

<b>Case Number:</b>	CM15-0080609		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/13/2015
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 50-year-old female, who sustained an industrial/work injury on 3/13/15. She reported initial complaints of right knee pain. The injured worker was diagnosed as having bucket handle tear/meniscus tear of right knee, low grade chondromalacia patella, mild lateral patellar subluxation, and moderate joint effusion. Treatment to date has included medication. MRI results were reported on 3/16/15. X-Rays results were reported on 3/16/15. Currently, the injured worker complains of right knee pain. Per the physician's consultation report on 4/12/15, examination revealed no patellar instability or apprehension, mild patellofemoral crepitation, medial joint line tenderness, positive McMurray's test. Assessment reveals anterior cruciate ligament (ACL) medial meniscal tear. The requested treatments include custom knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom knee brace:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 338.

**Decision rationale:** Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening. Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed. Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion. The patient does not have a diagnosis that support knee bracing per the ACOEM or the ODG. Therefore, the request does not meet guideline recommendations and is not medically necessary.