

<b>Case Number:</b>	CM14-0107721		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/14/1999
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 72 year old male who sustained an injury to his right knee on 12/14/99 when his knee popped and he got stuck on a ladder. The injured worker subsequently underwent multiple knee surgeries, including knee arthroscopy in 2001; right total knee arthroplasty in 2005; right knee revision of the patella on 06/21/11 and right knee patellar allograft on 11/13/12. The injured worker was approved for at least 24 visits of post-operative physical therapy per clinical note dated 07/24/14. Plain radiographs of the right knee dated 08/05/13 revealed well positioned patella; comparison of the lateral left knee showed patella about the same level; bone scan noted patella increased uptake. Clinical note dated 06/30/14 reported that the patient continued to complain of right knee pain. Physical examination of the right knee noted antalgic gait; alignment normal; small effusion; medial pain/tenderness; passive range of motion 0-115 degrees; muscle strength 4/5 in quadriceps, 5/5 hamstring; medial/MCL stability grade 2, lateral/LCL grade 1. The patient was assessed to have unstable right total knee arthroplasty with pain and weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Fusion Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Knee brace

**Decision rationale:** The request for right knee fusion brace is not medically necessary. Previous request was denied on the basis that there were no documented plans for active rehabilitation program in conjunction with the use of the requested breaks to validate its necessity at the time. Also, a more recent clinical evaluation was not provided by the requesting physician that would discuss the current status of the injured worker and would provide relevant physical examination findings to support current necessity of the request. Therefore, the request was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for right knee fusion brace is not indicated as medically necessary.