

<b>Case Number:</b>	CM14-0114330		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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, Pulmonary Diseases 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 60 year old female who reported an injury on 11/06/2008. The mechanism of injury was not provided. Diagnoses included chondromalacia patella. Past medical treatment has included medications, massage, and the use of a TENS unit. Surgical history included a failed total knee arthroplasty. The injured worker complained of knee pain which was persistent over the medial aspect at the joint line extending deep into the knee rating the pain at least 3/10 and worst 5/10 on the pain scale. Physical examination findings of the left knee on 07/09/2014 revealed the patella had good medial and lateral excursion with slight effusion, tenderness in the medial joint line with no lateral joint tenderness. Range of motion showed 5 degrees to 124 degrees of flexion. Medications included Hydrocodone-Acetaminophen 10-325mg tab, Soma 350mg tab, and Vicoprofen 7.5/200mg tab. The treatment plan included recommendations for a left knee brace. The rationale for the request was not provided. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left 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, criteria for use of knee braces.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339-340.

**Decision rationale:** The request for Left knee brace is not medically necessary. The injured worker had a diagnosis of chondromalacia patella. The California MTUS/ACOEM guidelines state 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. In addition the guidelines state for the average patient, using a brace is usually unnecessary. The documents reviewed indicate the injured worker experiences difficulty with prolonged standing and walking, stooping, squatting, kneeling or crawling or repetitive movement. The injured worker is having medial tenderness along the joint line. There is lack of documentation that the injured worker would benefit from a knee brace at this time due to the functional deficit. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore the request for the left knee brace is not medically necessary.