

<b>Case Number:</b>	CM14-0114433		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/26/2014
<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 Family 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:

This is a 53-year-old male who reported an industrial injury to the right knee on 11/25/2005, almost 9 years ago, attributed to the performance of his customary job tasks as a forklift operator. The patient was noted to have ongoing lower back pain and subsequently underwent a laminotomy. The patient has been treated with medications, physical therapy, trigger point injections, and a spinal cord stimulator. The Electrodiagnostic studies of the lower extremities documented evidence of severe left L5 and S1 and moderate right L5 and S1 radiculopathy deteriorated compared to the previous Electrodiagnostic study during 2009. There were no diagnostic studies directed to the right knee. The objective findings on examination documented the patient to have four minus strength of the right knee extensor, decreased sensation of the L5-S1 distribution, 2+ right and one plus left patellar reflexes, and positive straight leg raise. The diagnosis was knee pain in osteoarthritis. The patient was prescribed a right knee sleeve for added support specified as the OTS trainer knee brace open patella, right knee-purchase L1 343 NU.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Sleeve for Added Support OTS Trainer Knee Brace Open Patella, Right Knee-Purchase:** Upheld

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

Integrated Treatment / Disability Duration Guidelines Knee and Leg (Acute & Chronic) (updated 06/05/2014).

**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 and leg chapter--knee brace.

**Decision rationale:** Patient has been prescribed a right knee sleeve for added support, which was noted to be an OTS trainer knee brace open patella right knee purchase. The provider has not demonstrated the medical necessity of a right knee sleeve with no documented objective findings consistent with knee instability. The patient is diagnosed with right knee pain in osteoarthritis. The orthopedic examination documented no objective finding on examination and documented no instability to the knee. The patient is noted to have no instability on examination. There is no demonstrated instability to the knee that would require bracing with the diagnosis of DJD and OA. There is no demonstrated medical necessity for the prescribed knee sleeve and no supporting objective evidence documented by the requesting physician to demonstrate medical necessity or to override the recommendations of evidence-based guidelines. The clinical documentation provided does not provide a rationale to support the medical necessity of the prescribed knee brace for the effects of the industrial injury. The prescribed knee sleeve for subjective pain complaints is not demonstrated to be medically necessary when there is no swelling or demonstrated instability. The criteria recommended by the CA MTUS are not documented in the medical record to support the medical necessity of the requested replacement knee brace. The objective findings documented do not meet the criteria established or recommended by the CA MTUS. The objective findings documented were not documented and were inconsistent with instability as no laxity was demonstrated. There is no demonstrated medical necessity for the prescribed right knee sleeve for the effects of the industrial injury.