

<b>Case Number:</b>	CM14-0125366		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 38 year old female who sustained an industrial injury on 6/26/2013. She tripped and fell landing on her knees. According to the PR-2 dated 7/9/2014, the patient returns for re-evaluation of the bilateral knees. Since her visit, her condition has slightly worsened. She states she was told to come in today to request new knee braces for both knees and to have more physical therapy. Symptoms are worse with use and relieved with ice and rest. Work status is regular work. On physical examination of the lower extremities, crepitus is noted involving the bilateral patella, patella apprehension test is positive left greater than right, and otherwise examination is entirely within normal limits. Impression is bilateral (left greater than right) patella-femoral syndrome. Treatment recommendations include orthotics consultation for evaluation and fitting of bilateral patellar stabilizing braces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics Consultation (bilateral patellar braces):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 240. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, KNEE BRACE.

**Decision rationale:** According to the ACOEM Guidelines, a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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, which is not evident in the case of this patient. The medical records do not demonstrate the patient will be stressing the knee under load, and the medical records do not document clinical findings that indicate instability of the knee. According to the medical reports, the knee is stable. Additionally, the patient does not meet any of the criteria provided by the Official Disability Guidelines for which a knee brace may be recommended. The guidelines state that for the average patient, using a brace is usually unnecessary. In addition, this patient has had bracing; however there is a lack of evidence of functional gains from prior bracing. The patient does not meet the criteria for bracing; consequently the request for orthotics consultation is not medically necessary.