MAXIMUS Federal Services

| Case Number: | CM14-0144503 | | |
|---|---|---|---|
| Date Assigned: | 09/12/2014 | Date of Injury: | 10/24/2003 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

## 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 Occupational 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 55-year-old patient had a date of injury of 10/24/2003. The mechanism of injury was not noted. In a progress noted dated 7/8/2014, subjective findings included increased left knee pain. She received a Toradol injection, and she presents complaining of bilateral knee pain, left greater than right, as well as low back, bilateral shoulder, bilateral foot and lumbar spine pain. On a physical exam dated 7/8/2014, objective findings included left knee flexion to 100 and extension is 0. She is taking Norco, Mobic, Zantac and Terocin cream daily. There is crepitus noted and tenderness to palpation over the medial and lateral joint lines. Treatment to date includes medication therapy, behavioral modification, and knee arthroplasty on 2/2/2011. A UR (utilization review) decision dated 8/12/2014 denied the request for a left knee unloader brace, stating there is no specific documentation of medial compartment pathology of the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**A left knee unloader 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: Knee and leg procedure summary last updated 06/05/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee braces

**Decision rationale:** The MTUS does not address this issue. ODG recommends knee braces for instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. On a physical exam dated 7/8/2014, the patient complains of significant left knee pain. The objective exam showed tenderness to palpation over the medial and lateral joint lines and ambulation with a limp favoring right knee. However, there was no documentation of knee instability or ligament insufficiency that would justify the use of this brace. Therefore, the request for a knee brace is not medically necessary.