

<b>Case Number:</b>	CM14-0149684		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Orthopedic Surgery 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 38-year-old male warehouseman sustained an industrial injury on 1/9/14. Injury occurred when he was stabbed in the thigh by a forklift. Initial wound closure was performed in the emergency room with staples. The patient was subsequently admitted to the hospital from 2/4/14 to 2/7/14 with an infection requiring wound exploration and debridement. The 4/30/14 right thigh MRI impression documented findings consistent with soft tissue inflammatory changes consistent with infection and/or trauma with no definite abscess. There was a large amount of surrounding subcutaneous edema within the distal left thigh, greatest medially. There were no findings suggestive of osteomyelitis. There was a 6.7 cm lipoma within the upper right thigh along the right iliopsoas muscle and a 3.8 cm thin lipoma in the soft tissues adjacent to the medial margin of the mid right femoral metaphysis. The 4/13/14 right knee MRI impression documented an old low-grade sprain of the proximal medial collateral without focal disruption. There was no high-grade cruciate or collateral ligament tear or articular surface meniscal tear or focal cartilage defect within the right knee. There was moderate soft tissue edema within the right knee, greatest in the anteromedial knee. There was mild distal patellar tendinosis without a patellar tendon tear. There was very mild marrow edema in the medial tibial metaphysis. The 8/26/14 orthopedic report cited continued right thigh pain with exertion and weakness. Twelve sessions of physical therapy were completed with improvement documented. There was occasional discharge from the wound. Right thigh exam documented tenderness over the posterior and lateral thigh. The patient walked with a limp, guarding his left lower extremity. No leg length discrepancy was noted. Patella mobility testing documented 1+ medial glide and 1 distal glide. There was right prepatellar bursitis and a squinting patella. Anterior patellar grind test and apprehension sign were positive. There was a well healing wound to the right medial thigh with scabbing, no signs of infection, moderate tenderness, and a small 1 cm area of

granulated tissue. Right knee range of motion was limited to 0-90 degrees with 4/5 flexor/extensor strength. There was moderate tenderness over the anterior and medial knee and over the medial joint line. The diagnosis was thigh contusion, laceration thigh, chondromalacia patella, and internal derangement of the knee. Authorization was requested for repair of the right thigh muscle, chondroplasty, arthroscopy and debridement of the right knee. Additional requests included surgical assistant, post-op physical therapy, pain management, and custom fabricated right knee brace for present use. The 9/4/14 utilization review denied the request for a custom fabricated right knee brace as guideline indications had not been met and there were no special circumstances documented to support the medical necessity of a custom brace over a pre-fabricated brace.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Custom fabricated right knee brace for present use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Knee braces

**Decision rationale:** The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. In general, custom braces are not supported over pre-fabricated braces unless specific indications are met. The Official Disability Guidelines (ODG) state that custom-fabricated braces may be appropriate for patients with the following conditions which may preclude the use of a pre-fabricated model: abnormal limb contour (valgus or varus limb, tibial varum, disproportionate thigh and calf, minimal muscle mass); skin changes (excessive redundant soft tissue, thin skin with risk of breakdown); severe (grade III or IV) osteoarthritis; maximal off-loading of painful or repaired knee compartment (heavy patient; significant pain); or severe instability as noted on physical exam. Guideline criteria have not been met. There is no specific rationale presented to support the medical necessity of a custom knee brace over a pre-fabricated knee brace for this patient. There is no specific documentation of abnormal limb contour or current skin issues precluding the use of a pre-fabricated brace. There is no evidence of severe osteoarthritis on imaging or severe instability on exam. There was no documented need for maximal off-loading of painful knee compartment. Therefore, this request is not medically necessary.