

<b>Case Number:</b>	CM14-0040132		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/09/2007
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/05/2014

### 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 Physical Medicine and Rehabilitation 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 59-year-old female with a 11/9/07 date of injury. At the time (2/13/14) of request for authorization for Purchase of Oactive brace, there is documentation of subjective (left knee pain) and objective (tenderness over the medial and lateral patella facet and joint line) findings. The patient's current diagnoses include symptomatic left knee, chondromalacia, and degenerative arthrosis with degenerative meniscus tear. The treatment to date includes medications and physical therapy treatments. There is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and abnormal limb contour; Skin changes, Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment, or Severe instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Oactive 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 Chapter-Criteria for the use of knee braces.

**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, Knee braces.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. ODG identifies documentation of abnormal limb contour (such as: Valgus limb, Varus limb, Tibial varum, Disproportionate thigh and calf (e.g., large thigh and small calf), or Minimal muscle mass on which to suspend a brace); Skin changes (such as: Excessive redundant soft skin, Thin skin with risk of breakdown (e.g., chronic steroid use), Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), or Severe instability (as noted on physical examination of knee), as criteria necessary to support the medical necessity of knee braces. Within the medical information available for review, there is documentation of diagnoses of symptomatic left knee, chondromalacia, and degenerative arthrosis with degenerative meniscus tear. In addition, there is documentation of conservative treatment (including ongoing physical therapy). However, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability, abnormal limb contour, or Minimal muscle mass on which to suspend a brace); Skin changes (Excessive redundant soft skin, Thin skin with risk of breakdown, Severe osteoarthritis, Maximal off-loading of painful or repaired knee compartment, or Severe instability). Therefore, based on guidelines and a review of the evidence, the request for Purchase of Oactive brace is not medically necessary.