

<b>Case Number:</b>	CM14-0148718		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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:

The 45 year old female injured worker suffered an industrial accident on 4/20/2010 while at work in a swivel chair. She turned in the chair and struck her left knee. On 1/24/2012 she was given a knee brace for stability and falls prevention. Treatments included physical therapy, aquatic therapy, and medications. On 3/19/2014 the injured worker had left knee arthroscopic surgery followed by physical therapy. She continued to utilize crutches documented on physical therapy notes dated 6/24/2014 without mention of a knee brace. The request for authorization and any accompanying documentation justifying the need for a brace post surgically was not evidenced in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Patellofemoral Brace for Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment index, Knee, Knee brace

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The operative report from 3/19/14 demonstrates the claimant is not experiencing specific laxity, instability, and ligament issues. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.