

<b>Case Number:</b>	CM14-0210095		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/29/1999
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal 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 injured worker (IW) is a 58-year-old man with a date of injury of April 29, 1999. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are right grade II anterior cruciate ligament (ACL) sprain; and right lateral meniscal tear with medial chondromalacia. Pursuant to the progress note dated December 16, 2014, the IW continued to note instability of his right knee. He denies swelling or locking. He has difficulty with uneven surfaces. Objectively, there is tenderness along the right lateral joint line. McMurray procedure recreated the lateral joint line pain. There is a 2+ right anterior Drawer and Lachman. Right knee MRI dated September 12, 2014 shows a sprain and possible chronic partial tearing of the posterior lateral bundle of the ACL. There was a non-displaced flap tear of the lateral meniscus. There was chondral thinning over the medial patellar facet with a small joint effusion. According to UR documentation, a right knee Neoprene brace was certified, via review 3005065, on September 9, 2014. According to the progress note dated October 14, 2014, the treating physician reports the IW will get his Neoprene brace. He also indicates if the Neoprene brace is not effective in reducing his instability feeling, a DonJoy or comparable ACL brace will be requested. In the treatment plan dated December 16, 2014, the treating physician reports that a DonJoy knee brace will be required to stabilize the knee. There was no documentation in any subsequent notes that the Neoprene brace did not provide stability to the knee. The current request is for DonJoy right knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DonJoy Right Knee 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 (ODG)

**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 Section, Knee Braces

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, Don Joy knee brace is not medically necessary. The ACOEM states 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. The Official Disability Guidelines enumerated criteria for the use of knee braces. They come in prefabricated knee braces and custom fabricated knee braces. The indications for prefabricated knee braces include, but are not limited to, knee instability; ligament insufficiency/deficiency; etc. See the guidelines for details. In this case, an October 14, 2014 progress note showed the injured worker had an MRI of the right knee that confirmed a partial tear of the right anterior cruciate ligament. There was an inferior leaflet nondisplaced SLAP tear of the lateral meniscus. The plan was to get a neoprene brace. A neoprene brace was requested and authorized. There was no documentation in any subsequent notes that the neoprene brace did not provide stability to the knee. A brace was authorized by review #3005065 on September 9, 2014 (according to the utilization review). There is no documentation and medical record to suggest a second brace is required. Consequently, a brace was requested and authorized on September 9, 2014 and a second brace is not medically necessary.