

<b>Case Number:</b>	CM14-0211282		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 is a 51 year old patient with date of injury of 05/09/2009. Medical records indicate the patient is undergoing treatment for impingement syndrome of right shoulder, s/p decompression distal clavicle excision, biceps tendon release and rotator cuff repair, internal derangement of the left knee with attenuation of anterior cruciate ligament and grade II to grade III chondromalacia along the patella, discogenic lumbar condition and chronic pain syndrome. Subjective complaints include right shoulder and left knee pain rated 7/10. Objective findings include abduction 90 degrees with weakness and tenderness along rotator cuff, negative drop arm test; tenderness along the knee medially more than laterally, swelling along knee, positive Lachman's test, positive anterior drawer test and weakness to resisted function; extension is 160 and flexion is 90. MR arthrogram of the right shoulder dated 11/04/2014 revealed re-torn previously repaired supraspinatus tendon with medial retraction 1.5 cm and anterior to posterior gap 1.3 cm; thinning of the subscapularis insertion reflects partial-thickness interstitial tearing of 30-50%, deficient intracapsular long head biceps, cuff muscular atrophy, status post subacromial decompression. MRI of left knee dated 03/14/2013 revealed attenuated anterior cruciate ligament graft with increased signal and widening of the tibial and femoral tunnels, no meniscal tear, patellofemoral compartment arthrosis including grade 2-3 chondromalacia patella, small knee joint effusion. Treatment has consisted of surgical intervention, injections, brace, TENS unit. The utilization review determination was rendered on 12/02/2014 recommending non-

certification of Purchase of a left knee Defiance Brace Molded Plastic, with lower left knee addition and upper left knee addition.

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

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

**Purchase of a left knee Defiance Brace Molded Plastic, with lower left knee addition and upper left knee addition:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** ACOEM states" A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Medical records indicate this patient already has a brace for the left knee, the treating physician has not provided documentation as to why a new brace is necessary at this time. As such the request for Purchase of a left knee Defiance Brace Molded Plastic, with lower left knee addition and upper left knee addition is not medically necessary.