

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0211732 |                              |            |
| <b>Date Assigned:</b> | 12/24/2014   | <b>Date of Injury:</b>       | 04/02/2014 |
| <b>Decision Date:</b> | 02/20/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 is a 38-year-old male who reported an injury on 04/02/2014. The mechanism of injury was a fall. He was diagnosed with pain in joint, lower leg. His past treatments were noted to include medications, physical therapy, electrical stimulation, vasopneumatic device, and heat and ice packs. On 12/01/2014, the injured worker reported right knee pain. The injured worker also reported that his right knee brace is worn out and scattered and the Velcro is no longer holding. On physical examination of the right lower extremity, he was noted to have 5/5 motor strength and joint line tenderness of the right knee, especially over the medial region and patella tendon. Additionally, he was noted to have a positive drop sign and a positive patellar grind. His current medications were not provided. The treatment plan was noted to include right knee injection and right knee brace. A request was submitted for right knee brace. The treating physician's rationale includes that his old right knee brace is worn out and no longer beneficial. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)m Knee Brace

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339-340.

**Decision rationale:** The request for right knee brace is not medically necessary. The California MTUS/ACOEM Guidelines recommend a brace for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Additionally, the guidelines state a brace is necessary only if the patient is going to be stressing the knee under loads, such as climbing ladders or carrying boxes. The clinical documentation submitted for review lacks evidence of significant functional deficits to warrant the need for a right knee brace. Additionally, there is no evidence of patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. Furthermore, there is no indication that the injured worker will be stressing the knee under load, such as climbing ladders or carrying boxes. Given the above information, the request is not supported by the guidelines. As such, the request for right knee brace is not medically necessary.