

<b>Case Number:</b>	CM14-0212420		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 30-year-old male who was injured on October 30, 2013. The patient continued to experience pain in his left knee and low back. Physical examination was notable for tenderness in the lower spine, tenderness of the medial joint line of the left knee, pain with knees extension against resistance, and positive left straight leg raise. MRI of the left knee showed articular cartilage fissuring. Diagnoses included bilateral knee pain, left greater than right, and low back pain with radiation to left posterior leg. Treatment included medications and surgery. Request for authorization for hinged knee brace for the left knee was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hinged Knee brace for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 78, Chronic Pain Treatment Guidelines Anti-inflammatory medications, medications and gastrointestinal s.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace

**Decision rationale:** Prefabricated knee braces are recommended for patients with knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case the patient is able to exercise and has returned to work doing modified duty. There is no documentation that the patient is suffering from the conditions for which a knee brace is recommended. There is no indication for knee brace. The request is not medically necessary and appropriate.