

<b>Case Number:</b>	CM14-0213142		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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

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 patient is a 58 year old male with an injury date of 08/25/04. Based on 08/07/14 progress report, the patient complains of bilateral knee pain. Physical examination reveals crepitus and poor motion along with tender and painful palpation. The patient walks with an abnormal gait limping from side to side. In progress report dated 07/31/14, the patient complains of aching, deep pain. The patient has received Hyalgan injections for bilateral knees, as per progress report 07/24/14. In progress report dated 06/11/14, the treater states that past injections worked very well and helped prevent knee replacements for two years. The patient underwent a knee surgery in 2005, as per progress report dated 08/07/14. Diagnosis, 11/06/14: Knee pain The treater is requesting for COOL TROM ADVANCE NEOPRENE KNEE BRACE WITH PATELLA CUT OUT. The utilization review determination being challenged is dated 11/21/14. Treatment reports were provided from 05/29/14 - 11/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cool TROM advance neoprene knee brace with patella cut out:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online edition, Chapter Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Knee & Leg (Acute & Chronic), Knee Brace and Other Medical Treatment Guideline or Medical Evidence: AETNA guidelines, Clinical Policy Bulletin: Orthopedic Casts, Braces and Splints and Number: 0009.

**Decision rationale:** The patient presents with bilateral knee pain, as per progress report dated 08/07/14. The request is for COOL TROM ADVANCE NEOPRENE KNEE BRACE WITH PATELLA CUT OUT. Physical examination reveals crepitus and poor motion along with tender and painful palpation. The patient walks with an abnormal gait limping from side to side, as per the same progress report. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and title 'Knee Brace', provides following criteria for the use of knee brace "refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture" ODG does not directly discuss Neoprene knee sleeves, but AETNA guidelines, Clinical Policy Bulletin: Orthopedic Casts, Braces and Splints and Number: 0009, do support it for arthritic pain of the knee. In this case, the progress reports provide very little information. The treater states that the patient suffers from bilateral knee pain. The treater is requesting for a brace but does not provide a specific reason for the request. The treater states, in progress report dated 11/06/14, "conservative care has worked well" for the patient. The request may be part of such a treatment. The patient did undergo knee surgery in 2005. His knee symptoms are worsening at this time. The use of knee braces appears reasonable at this stage. The request IS medically necessary.