

<b>Case Number:</b>	CM15-0112461		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 54 year old male who sustained an industrial injury on December 20, 2013. He has reported a knee injury. Treatment has included medications and surgery. Musculoskeletal examination noted no pain in the muscle and joints. There was no limitation of range of motion. There was no paresthesia or numbness. There was no clubbing, cyanosis, and edema. There was 2 plus pedal pulses that were warm and well perfused. The treatment plan included a postoperative KAFO brace and molded inner boot for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KAFO brace and molded inner boot for left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg (Acute & Chronic); Tian F, et al. State of the art review of knee ankle foot orthoses. Ann Biomed Eng, 2015.

**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 chapter, braces.

**Decision rationale:** The MTUS addresses knee braces and states that such devices may be used for patellar instability, ACL tear, or MCL instability although benefits are more related to increased patient security/confidence rather than actual increased anatomic stability. In general the MTUS only recommends knee braces for patients who will be stressing their knee under a load (ie ladder climbing, carrying objects, etc.). In general, knee braces are usually unnecessary for the average patient. The ODG Guidelines also address knee braces, and in the case of custom-fabricated braces, recommend consideration in cases where conditions preclude the use of a prefabricated model. These conditions may include: abnormal limb contour (varus/valgus deformity, etc.), risk of skin breakdown, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, severe instability, etc. In this case, utilization review has denied a custom brace, stating that a prefabricated brace appears appropriate. The provided documents do not provide clear indication for a custom brace rather than a prefabricated brace, and therefore, in the opinion of this reviewer, based on the guidelines and provided records, the request for a custom KAFO knee brace cannot be considered medically necessary at this time.