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| <b>Case Number:</b>   | CM15-0117034 |                              |            |
| <b>Date Assigned:</b> | 06/25/2015   | <b>Date of Injury:</b>       | 02/05/2014 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 05/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/17/2015 |

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old male who sustained an industrial injury on 2/5/2014 resulting in a left knee pain and instability. The injured worker was diagnosed with cruciate ligament knee sprain. Treatment has included ACL reconstruction and he continues physical therapy. Ambulation and range of motion are noted to be improving, but the injured worker continues to report pain, swelling, popping, and stiffness. Treating physician's plan of care includes purchase of derotation brace for the right knee. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a derotation brace for the right knee to include: knee orthosis mold to patient, double upright, soft interface for below knee section, soft interface for above knee section and carbon graphite lamination x2:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Knee/Leg chapter, Knee brace.

**Decision rationale:** The patient presents with right knee pain. The current request is for Purchase of a derotation brace for the right knee. The treating physician states in the report dated 5/19/15, "Seeking an authorization for a functional knee brace". (10) The treating physician goes onto state that the patient has continued knee pain despite surgery and physical therapy. The ODG guidelines support knee braces for patient who have "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, or Tibial plateau fracture". In this case, the treating physician has documented that the patient has knee instability and a reconstructed ligament. The current request is medically necessary.