

<b>Case Number:</b>	CM15-0118480		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 44 year old male who sustained an industrial injury on 2/5/14 as a result of a motor vehicle accident involving (per Utilization review) his arm, legs, left hand, chest, neck and chin. He currently complains of right knee, right arm and right shoulder pain. He rates the pain as moderate. He uses a knee brace and when he was out of it he had a hyperextension episode and developed swelling. He had plain x-rays done (2/18/15) and an MRI. On physical exam there was tenderness on palpation of the right shoulder with some limited range of motion; the right knee has some diffuse mild swelling with tenderness on palpation with painful range of motion; there was some tenderness to palpation of the left ankle but no instability. Medications were Tramadol, Norco. Diagnoses include right knee anterior cruciate ligament disruption with anterior horn medial meniscal tear and synovitis, status post right knee anterior cruciate ligament reconstruction (10/2/14); shoulder and upper arm sprain/ strain; traumatic rupture, tendons of biceps (long head) right shoulder; multiple contusions; laceration of the left hand; motor vehicle accident. Treatments to date include physical therapy; brace; medications. Diagnostics include MRI of the right shoulder (2/21/14) showing hypertrophic or inflammatory changes, tendinosis; MRI of the right upper arm (2/21/14) showing extensive soft tissue injury with muscle tear, edema and hematoma formation of anterior distal right upper arm region; plain x-rays of the right knee (2/18/15) showing good position of hardware and good healing; MRI of the right knee (3/3/15) results per Utilization Review showed anterior cruciate ligament graft intact, trace knee effusion. On 6/2/15 the treating provider requested knee orthosis, double upright prefabricated for purchase.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee orthosis double upright prefabricated:** Upheld

**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.

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

**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 (i.e. ladder climbing, carrying objects, etc.). In general, knee braces are usually unnecessary for the average patient. In this case, utilization review has denied a prefabricated brace because it appears the patient reinjured a reconstructed knee while not wearing a brace he already had. This appears reasonable as there is no clear explanation provided to explain how an additional brace will improve clinical symptoms. Therefore, based on the guidelines and provided records, in the opinion of this reviewer the request for an additional prefabricated knee brace is not medically necessary.