MAXIMUS Federal Services

| Case Number: | CM15-0172851 | | |
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| Date Assigned: | 09/15/2015 | Date of Injury: | 09/14/2010 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

## 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
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 injured worker is a 64 year old male, who sustained an industrial injury on September 14, 2010. He reported neck pain, bilateral shoulder pain, bilateral upper extremity pain, back pain and bilateral knee pain with associated tingling and numbness in the bilateral hands and left lower extremity. The injured worker was diagnosed as having cervical disc syndrome, rupture or herniated disc in the lumbar spine, right knee ACL sprain, degenerative joint disease and osteoarthritis of the knee, meniscus tear of the knee and tear of the supraspinatous tendon of the left shoulder. Treatment to date has included diagnostic studies, radiographic imaging, medications and failed physical therapy and acupuncture. He reported on April 14, 2015, physical therapy and acupuncture made him hurt worse. Currently, the injured worker continues to report neck pain, bilateral shoulder pain, bilateral upper extremity pain, back pain and bilateral knee pain with associated tingling and numbness in the bilateral hands and left lower extremity. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on April 14, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. Bilateral knee range of motion testing revealed flexion at 110 on the left side and flexion at 110 on the right side. Magnetic resonance imaging (MRI) of the right knee was noted to reveal chondromalacia and lateral articular margins of the patella, a small to moderate amount of joint effusion and possible non-displaced fracture running through the lateral tibial plateau or epiphysis. Left knee MRI was noted to reveal chondromalacia, a small effusion, spur formation of all joint margins, oblique tear and subchondral defect of the medial femoral condyle and

medial tibial plateau. Evaluation on July 16, 2015, revealed continued pain as noted. He rated his pain at 6 on a 1-10 scale with 10 being the worst. Bilateral knee range of motion testing revealed flexion at 110 on the left side and flexion at 100 on the right side, slightly decreased from the April 2014, visit. It was noted he was permanent and stationary. The RFA included requests for bilateral hinged knee braces and was non-certified on the utilization review (UR) on August 18, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral hinged knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Leg (Acute & Chronic), Knee brace.

**Decision rationale:** The requested bilateral hinged knee brace is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that knee braces are "Recommended: Short period of immobilization after an acute injury to relieve symptoms"; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace note "Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. 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." The injured worker has continued pain as noted. He rated his pain at 6 on a 1-10 scale with 10 being the worst. Bilateral knee range of motion testing revealed flexion at 110 on the left side and flexion at 100 on the right side, slightly decreased from the April 2014, visit. The treating physician has not documented physical exam evidence of knee instability or the other criteria noted above. The criteria noted above not having been met, bilateral hinged knee brace is not medically necessary.