

<b>Case Number:</b>	CM15-0172982		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 47-year-old female who sustained an industrial injury on 01-29-2014. According to a progress report dated 07-20-2015, the injured worker reported post-op right knee pain. She had not needed to take Norco for several days. Pain was rated 2 on a scale of 1-10 in intensity. She report increased neck pain that radiated into her right arm with associated numbness that was rated 6. Neck pain had been aggravated by using crutches from her knee surgery. She was not working. Examination of the right knee revealed healing wounds that were clean and dry. There were no signs of infection. Slight swelling was noted. Examination of the cervical spine demonstrated tenderness over the right trapezius and paracervical musculature. Cervical compression test was positive for radicular pain into the right upper extremity. There was decreased sensation to light touch over the right C5 and C6 distribution. There was also decreased strength in the right upper extremity compared to the left. Cervical range of motion was decreased with flexion, extension and lateral rotation. Diagnoses included herniated nucleus pulposus of the cervical spine, cervical radiculopathy, lumbar radiculopathy, sprain strain right knee and status post right knee arthroscopy, chondroplasty and microfracture of medial femoral condyle on 07-09-2015. The treatment plan included suture removal, medial unloader brace for right knee, pain management evaluation for possible cervical epidural steroid injection, updated MRI scan of the cervical spine and a follow up in one month. She was to remain off work until 09-03-2015. On 08-06-2015, Utilization Review non-certified the request for right knee unloader brace.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right Knee, Unloader brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Braces.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

**Decision rationale:** Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening. Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed. Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion. The patient does not have a diagnosis that support knee bracing per the ACOEM or the ODG. There is no gross instability of the knee noted on exam. Therefore, the request does not meet guideline recommendations and is not medically necessary.