

<b>Case Number:</b>	CM15-0177576		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 35 year old male who sustained an industrial injury February 8, 2014. While standing on a taped cement floor, he turned, his left foot was caught on the tape and he felt an immediate pop in his left knee. Past history included left knee arthroscopy and patellofemoral chondroplasty 2014, with post-operative physical therapy. In April 2015, he was descending steps and his left knee gave out, and fell the remaining 4 steps, landing on his right knee. According to a secondary treating physician's initial consultation dated July 29, 2015, the injured worker presented with complaints of neck pain, low back, and right pain and left knee pain. The neck pain and lower back pain are described as intermittent and rated 6 out of 10. He reports left knee pain described as constant, rated 7 out of 10, and noted walking exacerbates the pain and is using a knee brace. The physician described most of his pain is in the anterior kneecap, with popping and clicking. The right knee pain is constant, rated 8-9 out of 10, and reports the pain with his first step, with walking increasing the pain. He currently avoids all stairs when possible, sits in the shower due to instability, unable to drive more than 30 minutes or stand for more than 10 minutes due to pain. Current medication included Norco, Flexeril and anti-inflammatory. Bilateral knee examination revealed; palpation medial joint line 1+ pain right and left; medial patellar facet 1+ pain right and left; lateral patellar facet 1+ grind right and left; range of motion flexion 135 degrees right knee and 125 degrees left knee; extension full right and left; Lachman stable right and 1+ instability left; anterior drawer stable right and equivocal left; pivot shift stable right and 1+ instability left; varus and valgus 0 degrees stable right and 30 degree left; McMurray's negative right and 1+ pain left. Diagnoses are other unspecified

derangement of medial meniscus; sprain of lateral collateral ligament of knee; chondromalacia of patella. Treatment plan included recommendation for an MRI Arthrogram of the left knee, physical therapy for both knees, an MRI of the right knee, and at issue, a request for authorization dated July 29, 2015, for a bilateral knee hinged braces. According to utilization review dated September 1, 2015, the request for bilateral knee hinged braces was modified to a hinged brace for the left knee only.

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

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

**Bilateral knee hinged knee brace:** Overturned

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

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

**Decision rationale:** The ACOEM chapter on knee complaints states that bracing/immobilization may be indicated in patients with meniscal injuries, collateral ligament injuries or ACL injuries. The patient has meniscal injury and collateral ligament injury as well as instability both objectively and subjectively. Therefore the request is medically necessary.