

<b>Case Number:</b>	CM15-0179768		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/30/2003
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: 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 77 year old male, who sustained an industrial injury on October 30, 2003, incurring low back and knee injuries. He was diagnosed with lumbar degenerative disc disease and degenerative joint disease, left knee medial meniscus tear and arthritis, and right knee arthritis. Treatment included pain medications, proton pump inhibitor, anti-anxiety medications, topical analgesic creams, viscos supplementation knee injections, transcutaneous electrical stimulation unit, and activity restrictions. He underwent a lumbosacral decompressions and fusion, left knee arthroscopic meniscectomy, left total knee replacement, and right knee arthroscopic debridement. Currently, the injured worker complained of persistent pain in the right knee. He was treated with viscous supplementation injections to the right knee in March 2015. He complained of feeling unsteady on ambulation and requested a right knee brace. The treatment plan that was requested for authorization included a right knee brace. On August 18, 2015, a request for a right knee brace was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter - Knee brace.

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

**Decision rationale:** Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as 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 uni-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. Review indicates the patient is s/p right knee arthroscopic debridement and synvisc injection with noted functional knee range of 0-100 degrees with smooth movement. There are no clinical findings of instability or progressive severe conditions to support for the knee brace for this retired patient. The Right knee brace is not medically necessary and appropriate.