

<b>Case Number:</b>	CM15-0063379		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Internal 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 41-year-old male, with a reported date of injury of 02/04/2010. The diagnoses include left knee status post examination under anesthesia with arthroscopic lateral lease, excision of cyst and chondroplasty in all three compartments and left knee internal derangement. Treatments to date have included Synvisc injection and x-rays of the left knee. The progress report dated 10/09/2014 was a poor copy and somewhat illegible. The report indicated that the injured worker was doing a little better in regards to his left knee. He felt that the pain was back to about where it was before the most recent Synvisc injection. The objective findings include small to moderate effusion of the left knee; a negative culture; full extension of the left knee; and extreme pain. It was noted that the injured worker wanted to continue to treatment of the knee before considering any further other orthopedic treatment. The treating physician requested left knee sleeve and a left knee sleeve support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: left knee sleeve med open patella: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Online Edition Chapter: Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints indicates that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. Prophylactic braces are not recommended. X-ray performed on September 25, 2014 reportedly showed no bony loose bodies. There was some mild to moderate diffuse degenerative changes. The knee does not have increased tilt with the patella. The pain management progress report dated September 24, 2014 and February 4, 2015 documented that range of motion was decreased in the left knee. No knee instability was documented. No abnormal limb contour for was documented. No MRI magnetic resonance imaging study results were documented in the 9/24/14 and 2/4/15 progress reports. The 9/24/14 and 2/4/15 progress reports do not establish the medical need for a knee brace. Therefore, the request for left knee sleeve open patella is not medically necessary.

**Retro: left knee sleeve support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Online Edition Chapter: Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints indicates that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. Prophylactic braces are not recommended. X-ray performed on September 25, 2014 reportedly showed no bony loose bodies. There was some mild to moderate diffuse degenerative changes. The knee does not have increased tilt with the patella. The pain management progress report dated September 24, 2014 and February 4, 2015 documented that range of motion was decreased in the left knee. No knee instability was documented. No abnormal limb contour for was documented. No MRI magnetic resonance imaging study results were documented in the 9/24/14 and 2/4/15 progress reports. The 9/24/14 and 2/4/15 progress reports do not establish the medical need for a knee brace. Therefore, the request for left knee sleeve support is not medically necessary.