

<b>Case Number:</b>	CM15-0066656		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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, Indiana, New York  
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 44 a year old, female who sustained a work related injury on 1/15/14. She misstepped with right foot. She stepped down hard and felt excruciating pain in her right knee right away. The diagnoses have included lower leg pain, osteoarthritis and derangement of knee with medial meniscus tear. Treatments have included a right knee MRI, right knee surgery, injections, physical therapy and medications. In the New Patient Consultation note dated 3/3/15, the injured worker complains of severe right knee pain. The treatment plan is a request for authorization for a knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right knee brace for the right knee as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Knee Brace.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one right knee brace for the right knee is not medically necessary. 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 Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured worker's working diagnoses are lower leg pain. Subjectively, according to a progress note dated April 1, 2015, the injured worker is awaiting physical therapy and acupuncture. The VAS pain scale is 7/10. She underwent arthroscopic surgery of the right knee October 2014. Objectively, examination of the right knee shows tender at the knee cap area, particularly below the kneecap with weight-bearing pain. There is no instability of the joint documented on physical examination. There are no objective findings in the documentation indicating the injured worker requires the right knee brace. There is no instability and physical examination is notable for tenderness. There is no clinical rationale in the medical record for a right knee brace. Consequently, absent clinical documentation with a clinical rationale for a knee brace with minimal clinical objective findings and no instability, one right knee brace for the right knee is not medically necessary.