

<b>Case Number:</b>	CM14-0156610		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year-old female with a 4/26/13 date of injury. The mechanism of injury was a fall onto the left knee. The patient was most recently seen on 7/23/13 with complaints of continued left knee pain. Exam findings revealed tenderness over patellar tendon, patella femoral crepitance, and no effusion. Range of motion was full. There was pain with patellar compression, and the Patella Apprehension test was positive. No joint instability was noted. The patient's diagnoses included: 1) Left Osteoarthritis; 2) Left Patellar tendinitis; 3) Left Chondromalacia patella; 4) Left knee full-thickness chondral defect, lateral patellar facet and median ridge confirmed by MRI. The medications included Naprosyn, Prilosec Ultram ERSignificant Diagnostic Tests: An MRI of the left knee dated 7/23/13 revealed: 1) focal tendinopathy involving the distal patellar tendon; 2) Patella alta; 3) Focal full-thickness chondral loss inferior lateral patellar facet and median ridge with underlying edema and cystic change, and edema the superior lateral Hoffa's fat pad. The treatment to date includes medications and injections. An adverse determination was received on 8/25/14 due to inadequate documentation of instability, and that based on the surgical procedure to be performed, an ROM brace would be neither necessary nor appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op ROM Brace, LT knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Knee and Leg Chapter-Knee Brace)

**Decision rationale:** The CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG states that prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. This patient has been treated for a direct impact injury to the left knee, which caused a full-thickness chondral defect on the lateral patellar facet and medial ridge of the patella. A surgical chondroplasty has been scheduled; however, exam notes fail to document instability of the patella, or of the knee joint itself. Furthermore, given the type of procedure to be performed, full post-op range of motion would be encouraged, rather than blocked. Therefore, the request for Post-op ROM Brace, Lt. Knee is not medically necessary.