



1809 E Indian Wells Lane  
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### Detailed Written Order for L1830

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Based on the patient's history, examination and diagnosis below I'm prescribing:

Prefabricated:

- L1830 Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf

Medical Necessity for Knee Brace

- To reduce knee pain by offloading pressure from compartmental knee arthritis
- To provide stability to a weakened knee during exercise
- To provide stability to a knee with ligamentous damage
- To correct for Genu Valgus/ Varus deformity of knee
- To provide support during walking
- To provide support during activities of daily living
- To promote tracking of the patella

Diagnosis for Knee Brace

- M17.0 Bilateral primary osteoarthritis of knee
- M17.11 Unilateral primary osteoarthritis, right knee
- M17.12 Unilateral primary osteoarthritis, left knee
- M17.2 Bilateral post-traumatic osteoarthritis of knee
- M17.31 Unilateral post-traumatic osteoarthritis, right knee
- M17.32 Unilateral post-traumatic osteoarthritis, left knee
- M17.4 Other bilateral secondary osteoarthritis of knee
- M17.9 Osteoarthritis of knee, unspecified
- M21.061 Valgus deformity of right knee
- M21.062 Valgus deformity of left knee
- M21.161 Varus deformity of right knee
- M21.162 Varus deformity of left knee
- M22.2X1 Patellofemoral disorders, right knee
- M22.2X2 Patellofemoral disorders, left knee
- M22.3X1 Other derangements of patella, right knee
- M22.3X2 Other derangements of patella, left knee
- M22.41 Chondromalacia patellae, right knee
- M22.42 Chondromalacia patellae, left knee
- M22.8X1 Other disorders of patella, right knee
- M22.8X2 Other disorders of patella, left knee
- M23.51 Chronic instability of knee, right knee
- M23.52 Chronic instability of knee, left knee
- Q68.2 Congenital deformity of knee

I, the undersigned, confirm the order for the above-named patient. I also certify that the prescribed treatment is medically necessary for this patient's well-being. In my opinion, the prescribed treatment is both reasonable and necessary in reference to accepted standards of medical practice within the community in treatment of this patient's condition.

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_