

Case Number:	CM13-0018583		
Date Assigned:	03/03/2014	Date of Injury:	10/01/2012
Decision Date:	04/14/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Maryland. 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:

Patient has a date of birth [REDACTED] and a date of injury 10/1/12. The injury occurred when he was pushing a heavy cart at work and twisted his right knee. There is a request for a right medial unloader brace. Per documentation a medical report on 5/14/13 revealed that the patient had a right knee Magnetic Resonance Imaging (MRI) on 11/28/12 which documented minimal irregularity of medial meniscal remnant. No definite re-tear. There is a lateral meniscotibial root ganglion cyst. There are mild extensor mechanism stress changes. There is mild to moderate chondromalacia in the knee most significantly involving the medial compartment surfaces. A 6/11/13 document states that the patient has been treated with anti-inflammatory medications, physical therapy but unfortunately he continues to complain of pain medially with occasional swelling and giving way episodes. On examination he ambulates with an antalgic gait on the right side. There was limited flexion in the weight bearing posture with marked tenderness along the medial joint line with valgus deformity and relative valgus instability. There was a mild effusion present. X-rays show significant narrowing of the medial compartment on weight bearing films maybe with 1-2 mm of space present. Per a document dated 7/1/13 patient is on work restrictions. He is restricted to lifting 40lb, completely restricted in both squatting and kneeling. Also he is restricted to no crawling and no climbing of stairs and ladders.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE MEDIAL UNLOADER BRACE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Right knee medial unloader brace is medically necessary per the ODG guidelines. The ACOEM does not specifically address the unloader brace but does discuss knee bracing. The chronic pain medical treatment guidelines do not address unloader bracing. The ACOEM does discuss bracing of the knee in regards to acute knee injuries. The ACOEM does state that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional. The ACOEM does state that a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. Per the ODG an unloader brace for the knee is designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee. Per documentation the patient is on modified work duty which involves lifting up to 40 lbs. additionally x-rays of his right knee reveal significant narrowing of the medial compartment of his knee on weight bearing films. A right knee medial unloader brace is therefore medically appropriate and medically necessary.