

Case Number:	CM13-0046632		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2007
Decision Date:	05/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 50-year-old female who sustained an injury to her left knee on 03/03/07. Recent clinical includes a 08/22/13 progress report for the left knee indicating continued complaints of pain and "buckling." It was documented at that time that radiographs revealed "bone on bone arthritis" both medially and into the patellofemoral joint. There was also noted to be moderate arthritis laterally resulting in tricompartmental change. It was documented that the claimant had failed care including injections, medications, physical therapy and activity restrictions. Recommendations at that time for the claimant's ongoing complaints of pain were for an unloader brace, as well as referral for operative intervention to include arthroplasty. The patient at that time was noted to be 5'1" tall with a weight of 215, for a body mass index of roughly 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNLOADER BRACE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - UNLOADER BRACES FOR THE KNEE

Decision rationale: MTUS Guidelines do not specifically address unloader braces. In looking at Official Disability Guidelines criteria, the role of an unloader brace for the claimant's significant medial compartment arthrosis would be reasonable. This is a 50-year-old individual who would not be considered an appropriate candidate for arthroplasty given her morbid obesity and young age. The role of an unloader brace for the claimant's continued complaints of knee pain would appear to be medically necessary and warranted at this stage in clinical course of care.