

<b>Case Number:</b>	CM13-0071349		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Pennsylvania. 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 52-year-old gentleman injured in a work-related accident on 4/19/13. The clinical records for review include an 8/1/13 follow up assessment indicating continued complaints about the right knee. The claimant was noted to be with an episode of instability with examination showing positive McMurray testing, diminished range of motion, and medial and lateral joint line tenderness as well as positive grind testing. A follow up dated 8/10/13 indicated that the claimant was wearing an unloader brace with a noticed antalgic gait, flexion to 90°<sup>∧</sup>, positive McMurray testing, and positive grind testing. Radiographs of the knee dated April 2013 revealed degenerative joint disease with moderate narrowing of the medial joint space and diffuse to moderate degenerative changes involving the lateral joint line as well. Other forms of conservative measures are not documented. At present, there is a request for a medial compartment decompression brace to the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial compartment decompression brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

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

**Decision rationale:** The Expert Reviewer's decision rationale: Based on California ACOEM Guidelines, knee bracing in this case would not be indicated. The clinical records for review indicate that the claimant has already obtained an unloader brace for his diagnosis of medial compartment degenerative arthritis. California ACOEM Guidelines only recommend the role of bracing in the setting of instability typically from anterior cruciate ligament or medial collateral ligament instability. Given the fact that the claimant is already with an unloader brace, the role of the medial compartment decompressive brace would not appear to be medically necessary.