

<b>Case Number:</b>	CM14-0010578		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 51 year old male who was injured on 08/29/2011. The patient suffered a right knee injury following the surgery to the right shoulder. The patient was going downstairs from the bedroom to the kitchen to retrieve the pain medications and unfortunately, the patient twisted the right knee and felt a popping sensation. Prior treatment history has included knee brace, cane, cold therapy, medications and physical therapy. The patient underwent right shoulder surgery and left knee arthroscopic repair. Clinic note dated 11/21/2013 documents reflexes are 2+ at the knees and ankles bilaterally. There is muscle weakness graded as 5-/5 of the right quads and hamstrings; otherwise, motor examination is normal to manual muscle testing bilaterally. There is trace synovitis bilaterally. There is crepitus noted, right greater than left. There is no effusion noted bilaterally. Range of motion of the knees exhibits extension to 0 degrees on the right and flexion to 140 degrees on the right. There is mild to moderate tenderness of the right medial joint line. Patella grind test is weakly positive on the right. McMurray test is positive on the right with a click in external rotation. The remainder of the ligament examination, including varus/valgus, Lachman, pivot shift, and anterior drawer is within normal limits. There is no medial or lateral instability noted, bilaterally. Prior UR dated 01/15/2014 states the request for right knee meniscal unloading brace is non-certified as there is no mention of instability and a lack of information providing medical necessity for this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE MENISCAL UNLOADING BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Unloader braces for the knee & Knee brace

**Decision rationale:** California MTUS/ACOEM guidelines recommend short period of immobilization after an acute injury to relieve symptoms. As per ODG, "Unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment." In this case, this patient continues to report right knee pain with limitations in activities. The right knee MRI showed tear of medial meniscus. A physical exam on 11/21/2013 showed tenderness over medial joint line, right knee Crepitation, and positive McMurray test on right with click in external rotation, but there was no effusion, right knee flexion was 140 and extension 0, negative varus/valgus, negative Lachman, pivot shift, and no medial or lateral instability noted. The medical records document that the patient is recommended right knee surgery. The patient was diagnosed with right knee internal derangement, but the diagnosis of osteoarthritis has not been established. Thus, the request for meniscal unloading brace for the right knee is not medically necessary and appropriate.