

Case Number:	CM14-0015130		
Date Assigned:	02/28/2014	Date of Injury:	04/04/2011
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who sustained an injury to his left knee on 04/04/11 when he fell off a four foot high flatbed truck and landed on his right shoulder and knee. The records indicate that the injured worker is status post right knee arthroscopy with medial meniscectomy, microfracture of medial femoral condyle and chondroplasty of the patellofemoral joint dated 09/02/11. A clinical donated 02/24/14 reported that the injured worker presented to the clinic for reevaluation of the bilateral knees. He reported that despite utilization of a prefabricated Freestyle brace on the left knee, physical therapy and joint injections, that his pain symptoms persist and continue to limit his day-to-day activities. Physical examination of the left me noted mild antalgic gait; will healed incisions; varus deformity 5-7°; tenderness to palpation to the medial joint line; no evidence of ischemia; motor strength 5/5 throughout; range of motion 0-120°; ligaments intact with no laxity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE CUSTOM VALGUS UNLOADER BRACE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, CHAPTER 13, 346

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee and leg chapter, Unloader braces for the knee

Decision rationale: The request for left knee custom valgus unloader brace is medically necessary. The previous request was modified for a prefabricated knee brace. The injured worker has utilized the current brace with minimal benefit. The Official Disability Guidelines (ODG) states that 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. Several case series suggest that unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. Plain radiographs revealed near complete loss of the medial joint space in the left knee. Given the clinical documentation submitted for review, medical necessity of the request for left knee custom valgus unloader brace has been established. The request is medically necessary.