

<b>Case Number:</b>	CM14-0118283		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/23/2005
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Nevada. 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 records, presented for review, indicate that this 54-year-old gentleman was reportedly injured on December 23, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 23, 2014, indicated that there were ongoing complaints of left leg pain. The physical examination demonstrated decreased range of motion of the left shoulder and decreased left elbow strength with flexion and left grip strength of 3/5. There was also decreased strength of the left lower extremity. Examination of the left knee noted a positive McMurray's test and a positive patellar compression test. X-rays of the left knee revealed no significant joint space deformity. Previous treatment is unknown. A request had been made for a medial unloader knee brace and was not certified in the pre-authorization process on July 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hard Medial Unloader Left Knee Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Knee and Leg, Unloader Knee Brace, Updated August 25, 2014.

**Decision rationale:** According to the Official Disability Guidelines, unloader knee braces are designed specifically for osteoarthritis of the medial compartment of the knee by bracing the knee and a valgus position in order to unload the medial compartment. Radiographs of the injured employee's left knee do not indicate any medial compartment osteoarthritis or joint space narrowing. Therefore, this request for a Hard Medial Unloader Left Knee Brace is not medically necessary.