

Case Number:	CM14-0172462		
Date Assigned:	10/23/2014	Date of Injury:	07/06/2000
Decision Date:	11/21/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/17/2014

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 & 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 injured worker is a 54-year-old male who reported an injury on 07/06/2000. The injury reportedly occurred when he fell while descending from the second floor in a construction area. On 03/27/2014, his diagnoses included right above knee amputation, chronic low back pain, right torn rotator cuff, severe arthritis of the left knee, and left groin pain of undetermined etiology. His complaints included constant pain in his left lower extremity. It was noted that his left knee (medial side) was definitely wearing down, but he was concerned about infection after surgery. The treatment plan included a recommendation for a medial unloader brace. The rationale for the brace was that it would help delay surgery on his knee. A Request for Authorization dated 08/28/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) unloader arthritis brace for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), and Unloader braces for the Knee

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Unloader braces for the Knee

Decision rationale: The request for One (1) unloader arthritis brace for the left knee is medically necessary. The Official Disability Guidelines recommend unloader braces for the knee. 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 a valgus position in order to unload 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. The study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. This injured worker has been diagnosed with severe arthritis of the left knee. He was afraid of infection secondary to surgery. The requested unloader brace falls within the guidelines and is an appropriate attempt at conservative care to help relieve this worker's discomfort and improve his functional abilities. Therefore, this request for One (1) unloader arthritis brace for the left knee is medically necessary.