

Case Number:	CM14-0176515		
Date Assigned:	10/29/2014	Date of Injury:	06/04/1993
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine and is licensed to practice in New York. 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 63 year old female with a date of injury of 06/04/1993. On 06/24/2014 it was noted that she ambulates with a cane. She had medial joint line tenderness. She had pain with deep flexion of her knees. Crepitus was present. On 09/23/2014 she had "continued total body pain, chronic fatigue and problem sleeping." Her diagnosis was myalgia and gout. There were no rheumatoid deformities. There was no synovitis or swelling. The neurologic exam was normal. She uses a walker. The patient has right shoulder impingement, bilateral knee pain with medial compartment arthritis, fibromyalgia, C4-C5 stenosis, bilateral wrist pain and bilateral carpal tunnel syndrome. On 10/07/2014 she ambulated with a rolling walker. She had medial and lateral joint line tenderness. Crepitus was present. She had a right shoulder impingement sign. "She has continued complaints of pain virtually everywhere."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Replacement of Bilateral Hinged Knee Braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee & Leg; Knee brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 Knee, Knee Brace

Decision rationale: MTUS, ACOEM Chapter 13 Knee Complaints noted that prophylactic braces and prolonged use of braces are not recommended treatment. ODG 2014, knee brace notes the following: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. (Bengal, 1997) (Crossley, 2001) (D'hondt-Cochrane, 2002) (Miller, 1997) (Yeung-Cochrane, 2002) (Van Tiggelen, 2004) There are no data in the published peer-reviewed literature that shows that custom-fabricated functional knee braces offer any benefit over prefabricated, off-the-shelf braces in terms of activities of daily living. (BlueCross BlueShield, 2004) The use of bracing after anterior cruciate ligament (ACL) reconstruction cannot be rationalized by evidence of improved outcome including measurements of pain, range of motion, graft stability, or protection from injury. (Wright, 2007) Among patients with knee OA and mild or moderate valgus or varus instability, a knee brace can reduce pain, improve stability, and reduce the risk of falling. (Zhang, 2008) Patellar taping, and possibly patellar bracing, relieves chronic knee pain, according to a recent meta-analysis. Patellar taping may be preferred over bracing due to the fact that there is much more evidence for taping than bracing, and also because taping produces better clinical results in terms of reductions in pain than patellar bracing, plus patients are more active in their rehabilitation with taping than with bracing. (Warden, 2008) This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. (Gravlee, 2007) Evidence that knee braces used for the treatment of osteoarthritis mediate pain relief and improve function by unloading the joint (increasing the joint separation) remains inconclusive. When knees with medial compartment osteoarthritis are braced, neutral alignment performs as well as or better than valgus alignment in reducing pain, disability, muscle cocontraction, and knee adduction excursions. Pain relief may result from diminished muscle cocontractions rather than from so-called medial compartment unloading. (Ramsey, 2007) (Chew, 2007) The results of this systematic review suggest that knee braces and foot orthoses are effective in decreasing pain, joint stiffness, and drug dosage, and they also improve proprioception, balance, Kellgren/Lawrence grading, and physical function scores in subjects with varus and valgus knee osteoarthritis. They should be cautiously considered as conservative management for relief of pain and stiffness and improving physical function for persons with knee osteoarthritis. (Raja, 2011) The knee adduction moment has an integral role in the development and progression of knee OA. A number of conservative biomechanics-based interventions can reduce the knee adduction moment effectively via different mechanisms. Many of these conservative biomechanical strategies could be employed in early stage OA and might help to prevent and/or delay disease progression. Valgus knee braces secured around the thigh and lower leg and worn throughout the day are a conservative treatment strategy for patients with medial knee OA. The underlying rationale for use of a valgus knee brace is the application of a valgus moment (knee

abduction moment) to the knee joint, which could reduce the knee adduction moment during walking and unload the medial compartment of the knee. Valgus knee braces reduce the net knee adduction moment during walking in healthy young adults and in patients with medial knee OA. Pain is a symptom of knee joint OA, and a valgus knee brace substantially reduces pain immediately upon use, and after continuous wear for durations ranging between 2 weeks and 12 months. Improvements in function have also been reported in patients with OA following valgus knee bracing for durations of between 6 months and 12 months. Although valgus bracing achieves effective unloading of the medial compartment of the knee and offers potential for improving the clinical outcome in patients with knee OA, the success of this intervention relies upon the patient being prepared to wear the knee brace continually. Valgus knee braces are bulky, potentially uncomfortable and might not be a practical daily solution for many patients. (Reeves, 2011) Knee bracing after ACL reconstruction appears to be largely useless, according to a systematic review. Postoperative bracing did not protect against reinjury, decrease pain, or improve stability. (Kruse, 2012). The listed ODG criteria for use of a knee brace is knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteopathy, painful unicompartement osteoarthritis, and tibial plateau fracture. There is no documentation of any knee swelling. There is no documentation that she has any of the above conditions.