

Case Number:	CM14-0039425		
Date Assigned:	06/27/2014	Date of Injury:	08/23/2011
Decision Date:	07/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/03/2014

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 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:

This 54-year-old male sustained an industrial injury on August 23, 2011. The injury occurred when he planted and twisted his left knee moving a heavy item. He underwent left knee arthroscopy with partial medial and lateral meniscectomies, chondroplasty of the trochlea and medial femoral condyle, and ganglion cyst excision on February 20, 2013. Extensive osteoarthritis was documented during the arthroscopy. The February 13, 2014 treating physician report cited continued pain along the medial femoral condyle. The patient did not get great relief with the first two Euflexxa injections. Objective findings indicated that the patient walked "bowlegged" putting most of his body weight into the medial compartment of his arthritic knee. The diagnosis was left knee osteoarthritis. The third Euflexxa injection was performed. A valgus producing unloader brace was requested given his persistent symptoms of medial compartment osteoarthritis. The March 11, 2014 utilization review denied the request based on the absence of documentation that the patient would be performing activities that would put his left knee under a stressing load.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee double upright valgus producing unloader brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Unloader Braces for the Knee.

Decision rationale: The Official Disability Guidelines recommend unloader braces to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee. This patient has been documented with osteoarthritis of the left knee. His symptom complex is consistent with medial compartment osteoarthritis. The patient ambulates "bowlegged" putting most of his body weight into the medial compartment. Therefore, this request for left knee double upright valgus producing unloader brace is medically necessary.