

<b>Case Number:</b>	CM14-0173981		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	10/24/2004
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Occupational Medicine 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 patient is a 38-year-old male who has submitted a claim for osteoarthritis of the right knee status post arthroscopy associated with an industrial injury date of 10/24/2004. Medical records from 2014 were reviewed. The patient complained of persistent right knee pain of moderate intensity. Examination of the right knee showed tenderness, swelling, effusion, crepitation, no atrophy, motor strength of 4-/5, flexion of 100 degrees, intact sensation and reflexes. McMurray's and patellar grind test were positive. The x-ray of the right knee from 9/10/2014 demonstrated bone-on-bone contact of the medial compartment, as well as tibial sclerosis. Treatment to date has included bilateral knee arthroscopy, physical therapy, Viscosupplementation, knee unloader brace, cane and medications. The patient reported that use of a knee brace provided relief of pressure at the medial compartment. The present request for a new knee brace is because of broken strap at the main hinge. The utilization review from 9/24/2014 denied the request for medial unloader brace for the right knee because it was unlikely to offer significant benefit given the severe bone-on-bone medial joint knee arthrosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Unloader Brace for the right knee:** Overturned

**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, (Acute & Chronic), Durable medical equipment. Walking Aids.

**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 CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, unloader braces are used to reduce pain and disability associated with osteoarthritis of the medial compartment of the knee. In this case, the patient has a known osteoarthritis of the right knee status post arthroscopy. The patient complained of persistent right knee pain of moderate intensity. Examination of the right knee showed tenderness, swelling, effusion, crepitation, no atrophy, motor strength of 4-/5, flexion of 100 degrees, intact sensation and reflexes. McMurray's and patellar grind test were positive. The x-ray of the right knee from 9/10/2014 demonstrated bone-on-bone contact of the medial compartment, as well as tibial sclerosis. The patient reported that use of a knee brace provided relief of pressure at the medial compartment. The present request for a new knee brace is because of broken strap at the main hinge. A medial unloader brace is necessary at this point to allow continued mobility of the right knee and to maintain a good level of function. Therefore, the request for medial unloader brace for the right knee is medically necessary.