

<b>Case Number:</b>	CM14-0192110		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Minnesota, Florida  
Certification(s)/Specialty: Orthopedic Surgery

### 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 56 year old male with an industrial injury date of 07/09/2014. His diagnosis was right knee, medial compartment degenerative joint disease and medial meniscus tear. Prior diagnostics included MRI and Xrays which showed medial compartment osteoarthritis, and a degenerative tear of the medial meniscus. He presented on 08/14/2014 with complaints of right knee pain. Physical exam of the right knee revealed tenderness over the medial joint line. There was pain on terminal knee flexion. The provider documented first line treatment included the use of a right knee unloader brace and requested authorization for the brace. The request was non-certified by Utilization Review as imaging studies had not been submitted. This is appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Right Knee Unloader Brace, not Specified if Purchase or Rental: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic) (Updated 10/27/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Unloader braces for the knee.

**Decision rationale:** ODG guidelines recommend unloader braces for the knee. They are designed to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in valgus position in order to unload the compressive forces on the medial compartment. They appear to be associated with a reduction in pain in patients with known painful osteoarthritis of the medial compartment. The documentation indicates degenerative arthritis of the medial compartment associated with a degenerative tear of the medial meniscus and medial joint line pain. The provider indicated that arthroscopy with medial meniscectomy is not likely to be of benefit due to the degree of osteoarthritis of the medial compartment. The radiology reports pertaining to MRI scan and x-rays of the knee have been submitted. This confirms the diagnosis of medial compartment osteoarthritis. As such, the request for an unloader brace was appropriate and the medical necessity of the request has been substantiated. The prior UR denial of the unloader brace was due to lack of documentation of medial compartment osteoarthritis. Radiology reports pertaining to x-rays or MRI were not submitted and the utilization review denial was based upon the absence of radiology reports confirming medial compartment osteoarthritis.