Case Number:	CM14-0208053		
Date Assigned:	12/22/2014	**Date of Injury:**	10/21/2009
Decision Date:	02/17/2015	**UR Denial Date:**	11/24/2014
Priority:	Standard	**Application Received:**	12/12/2014

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 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 an injured worker with a history of bilateral knee complaints. Date of injury was October 21, 2009. The patient is seen for orthopedic consultation for evaluation of her right knee of the date of service October 3, 2014. The patient desires to have her right knee arthroscopy arranged. Right knee surgical treatment was recommended. Her original injury was continuous cumulative trauma from 9/3/2003 through 10/21/2009 to both shoulders, her left knee, and her right foot. She had left knee surgery on 10/30/2009 and states she did not get any better since the surgery. She reports she has just as much trouble now as she did prior to that operation. She has not returned to work since that time. In regards to her right knee, an MRI magnetic resonance imaging of her right knee was performed on 2/28/2012. She had left shoulder surgery on 6/6/2013. There was no right knee treatment other than physical therapy. She is now seeing us for right knee surgery since she did not get better with conservative management. She recalls multiple episodes of giving way of her left knee which caused her to, at some point, twist her right knee. She complains of pain anteriorly in the right knee, and it gives way now just as much as the left does. She has intermittent swelling. She feels occasional catching and popping in the knee. Even sleeping at night or turning her legs in her sleep causes severe pain that wakes her. The legs feel weak. She describes her pain as constant and severe. She apparently has severe vasculitis in both legs and has to wear compression stockings to cover the lesions that she gels on her lower extremities with scabs, itching, and areas of erythema that are a constant source of discomfort but with no documented episodes of significant infection. Because of the significance of the right knee symptoms, the recommended treatment was for the right knee arthroscopic surgery with repair of internal, derangement. Physical examination was documented. Weight was 245 pounds. Height was 5 feet and 6 inches. Body mass index was 39.5. Right knee examination was documented. Alignment of the knee is mild varus. Palpation shows tenderness

over the medial and lateral joint lines as well as the peripatellar area. Flexion was 110 degrees. Crepitus is present with range of motion testing. Swelling was mild. Pedal edema was present with stasis dermatitis. Meniscus exam McMurray's test was not done secondary to pain. Patellar exam showed positive patellofemoral crepitus. Left knee examination was documented. A trace effusion is noted. Alignment of the knee is mild varus. Palpation shows tenderness over the medial joint line and the peripatellar area. Flexion was 105 degrees. Crepitus is present with range of motion testing. Swelling was mild. Patellar exam shows positive patellofemoral crepitus. Meniscus exam shows McMurray's test is positive for pain, Bounce test is positive. Range of motion remains limited by pain both passively and actively. X-ray of bilateral knees taken on 10/3/2014 demonstrated bone on bone collapse medially in both knees with diffuse tricompartmental degeneration in the right knee including the patellofemoral joint. MRI magnetic resonance imaging performed 2/28/12 of the right knee shows a large effusion, a small Baker's cyst, a lateral meniscus tear, a medial meniscus tear, and spurs on the medial and lateral sides of the femoral condyles. Diagnoses were knee pain and knee osteoarthritis DJD degenerative joint disease. Regarding treatment options, the patient is already bone to bone. Knee replacement surgery was an option. Conservative management before considering surgical treatment was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial unloader brace for left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Unloader Brace for the knee

MAXIMUS 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) Knee brace Unloader braces for the knee.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints states that activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. Official Disability Guidelines (ODG) indicate that knee braces are recommended for articular defect repair, meniscal cartilage repair, painful unicompartmental osteoarthritis, abnormal limb contour, valgus, varus, varum, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, heavy patient, and significant pain. Unloader braces for the knee are recommended. 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 the valgus position in order to unload the compressive forces on the medial compartment. Unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. Unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee was recommended.Medical records

document left knee surgery performed on October 30, 2009. The orthopedic consultation report dated October 3, 2014 documented that X-rays of bilateral knees demonstrated bone on bone collapse medially in both knees with diffuse tricompartmental degeneration in the right knee including the patellofemoral joint. Weight was 245 pounds. Height was 5 feet and 6 inches. Body mass index was 39.5 (obesity). Physical examination of the left knee examination demonstrated tenderness over the medial joint line and the peripatellar area. Effusion and swelling was noted. Alignment of the knee was varus. Flexion was 105 degrees. Crepitus was present with range of motion testing. Patellar exam showed positive patellofemoral crepitus. Meniscus exam showed McMurray's test was positive for pain. Bounce test was positive. Range of motion remains limited by pain both passively and actively. The physical examination and imaging studies provide support for the request for an unloader braces for the knee and is supported by ODG guidelines. Therefore, the request for Medial unloader brace for left knee is medically necessary.

Medial unloader brace for 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, Knee & Leg, Unloader Brace for the knee

MAXIMUS 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) Knee brace Unloader braces for the knee.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints states that activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. Official Disability Guidelines (ODG) indicate that knee braces are recommended for articular defect repair, meniscal cartilage repair, painful unicompartmental osteoarthritis, abnormal limb contour, valgus, varus, varum, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, heavy patient, and significant pain. Unloader braces for the knee are recommended. 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 the valgus position in order to unload the compressive forces on the medial compartment. Unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. Unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee was recommended.Medical records document that MRI magnetic resonance imaging performed on 2/28/12 of the right knee showed a large effusion, a small Baker's cyst, a lateral meniscus tear, a medial meniscus tear, and spurs on the medial and lateral sides of the femoral condyles. The orthopedic consultation report dated October 3, 2014 documented that X-rays of bilateral knees demonstrated bone on bone collapse medially in both knees with diffuse tricompartmental degeneration in the right knee including the patellofemoral joint. Weight was 245 pounds. Height was 5 feet and 6 inches. Body mass index was 39.5 (obesity). Right knee examination was documented. Alignment of the knee was varus.

Palpation showed tenderness over the medial and lateral joint lines as well as the peripatellar area. Flexion was 110 degrees. Crepitus was present with range of motion testing. Swelling was noted. Meniscus examination and McMurray's test was not done secondary to pain. Patellar exam showed positive patellofemoral crepitus. The physical examination and imaging studies provide support for the request for an unloader braces for the knee and is supported by ODG guidelines. Therefore, the request for Medial unloader brace for right knee is medically necessary.