

Case Number:	CM15-0001451		
Date Assigned:	01/12/2015	Date of Injury:	11/19/2012
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 11/19/2012 when he slipped on water and hyperextended his right knee. Diagnoses were unspecified strain of the knee/leg, medial and lateral meniscal tear, status post lateral medial meniscectomy, and arthritis of the knee. The clinical note dated 12/10/2014 noted the injured worker presented with complaints of right knee pain. Examination of the right knee revealed fusiform swelling, positive McMurray's and patellar grind, and compression test. There is pain at the medial and lateral ridge and at the facets of the patellar, both medially and laterally. Current medications included Pennsaid. A prior injection helped. The treatment plan included a left knee custom unloader brace. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee custom unloader brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee and Leg, Unloader braces for the knee.

Decision rationale: The request for left knee custom unloader brace is medically necessary. The California MTUS/ACOEM Guidelines state that functional bracing is recommended as part of a rehabilitation program. The Official Disability Guidelines further state that 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. The injured worker was diagnosed with left knee pain and osteoarthritis of the knee. The provider recommended an unloader brace of the left knee due to compensation for right knee and accumulative trauma. As such, medical necessity has been established.