

<b>Case Number:</b>	CM15-0141680		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 (IW) is a 60 year old male, who sustained an industrial injury on 7-24-14. Initial complaints were not reviewed. The injured worker was diagnosed as having right knee mild osteoarthritis. Treatment to date has included physical therapy, cortisone injections, and medications. Diagnostics studies included x-rays right knee (7-28-14) and MRI right knee (9-4-2014). Currently, the PR-2 notes dated 5-1-15 indicated the IW returned to the clinic and was last seen on 3-26-15. His symptoms of the right knee pain rated at 4-5 out of 10 remained unchanged. The IW reports the cortisone injection received on his last visit helped relieve his pain for about one month. He reports he is starting to have left knee pain now and the pain is constant 2-3 out of 10. He reports the left knee pain increases with standing and it locks up on him and causes extreme pain. Treatment to date has included pain medications (unable to use NSAIDs due to history of bleeding ulcer); a knee brace and a cortisone injection. On physical examination of the right knee the provider notes a slight antalgic gate and ambulation with a cane. There is mild varus deformity but no effusion. He has no tenderness to palpation at the medial joint line. His range of motion is from 0 to 130 degrees without pain. There is no instability on full extension, mid-flexion. The McMurray's test is positive medially with pain but no click. The provider's treatment plan is recommending Orthovisc injections to the right knee and a medial unloader OA knee brace for the right knee. He has also modified his work duty. On 7-14-2015, Utilization Review non-certified the request for medial unloader OA (osteoarthritis) brace, right knee, qty 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Unloader OA (osteoarthritis) Brace, Right Knee, Qty 1: Upheld**

**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; Knee brace.

**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 (Acute & Chronic), Unloader braces for the knee.

**Decision rationale:** ACOEM practice guidelines are silent concerning a medial unloader brace for osteoarthritis (OA) of the knee; however, the Official Disability Guidelines recommend medial unloader braces for medial compartment arthritis. Medial 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 most recent note from the treating provider on 7-28-2015 stated that the IW is using a cane and knee brace, and diagnoses include right knee mild osteoarthritis with medial meniscus tear and mechanical symptoms. A previous provider note stated that the IW is a candidate for arthroscopy and possible knee replacement due to tricompartmental OA. The initial MRI results from 9/4/2014 show amongst various findings, evidence of lateral compartment disease, which would be a contraindication to the use of a medial unloader brace. Therefore, the request for medial unloader OA (osteoarthritis) brace, right knee, qty 1, is not medically necessary and appropriate.