

<b>Case Number:</b>	CM15-0147381		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: 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 is a 55 year old male, who sustained an industrial injury on 3-7-2014. He reported left knee pain. Diagnoses have included tear of medical cartilage or meniscus of knee. Treatment to date has included physical therapy, left knee partial meniscectomy and medication. Per the physical therapy report dated 4-27-2015, the injured worker reported general improvements in bilateral knee strength, but noted that crackling and buckling were still present. He reported compliance with a home exercise program. According to the progress report dated 5-5-2015, the injured worker complained of left knee pain. No physical exam was documented. Authorization was requested for an unloader knee brace for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unloader knee brace:** Upheld

**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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee Section: Unloader Knee Brace.

**Decision rationale:** The Official Disability Guidelines comment on the use of an "unloader knee brace" as a treatment modality. These guidelines state the following: "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. Several case series suggest that unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee." In this case, while the medical records demonstrate a chronic injury to the medial meniscus, there is insufficient evidence provided that the patient meets the above cited criteria for the use of an unloader knee brace. Specifically, there is insufficient evidence that the patient has osteoarthritis of the medial compartment of the knee, the chronic diagnoses provided for this patient's knee condition includes: Medial Meniscus Tear and Left Knee Pain. Without further evidence of osteoarthritis, an unloader knee brace is not medically necessary.