

Case Number:	CM15-0223224		
Date Assigned:	11/19/2015	Date of Injury:	10/07/2012
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old male with a date of industrial injury 10-7-2012. The medical records indicated the injured worker (IW) was treated for degenerative joint disease of the right knee and status post patellectomy. In the progress notes (7-9-15), the IW reported right knee pain, stiffness, intermittent swelling, popping and locking. The condition was worsening over the last three years, per the IW. On examination (7-9-15 notes), there was a healed incision about the right knee and distal leg. Diffuse tenderness was noted and there was a mild varus deformity. The medial joint line was very tender and crepitus was noted with range of motion of the knee. No gross instability was noted with varus and valgus stress testing. There was a negative anterior and posterior drawer sign and positive McMurray's test. Range of motion was 0 to 120 degrees. A defect was noted anteriorly where it appeared his patella was previously removed. X-rays taken that day showed bone-on-bone contact with tibial sclerosis and spurring; there was evidence of end-stage osteoarthritis involving the medial compartment and previous patellectomy. Treatments included physical therapy, activity modifications, NSAIDs, cortisone injection and home exercise. According to the IW's job description, he is required to occasionally lift and-or carry 10 to 100 pounds, climb ladders and push or pull a maximum of 100 pounds, which could "stress the knee under load." He was working without restrictions and dealing with pain daily. He wished to delay total knee arthroplasty as long as possible. The provider concurred with other former providers that an unloader brace for the right knee and viscosupplementation, along with stretching and strengthening activities could improve his symptoms and allow him to maintain his functional level. A Request for Authorization was received for an unloading knee brace. The Utilization Review on 10-12-15 non-certified the request for an unloading knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unloading knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Work Activities. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter (Online Version): Unloader braces for the knee.

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: The claimant sustained a work injury with date of injury in October 2012 and continues to be treated for osteoarthritis of the right knee. He has advanced osteoarthritis and a right total knee replacement had been advised. The claimant felt that he was too active and decided against surgery. A second orthopedist indicated that he might benefit from viscosupplementation injections. He was seen by the requesting provider in July 2015. He had a history of a pre-existing right knee injury and had undergone surgery after a motorcycle accident. His condition had gradually worsened over the previous three years. He was having constant aching and frequent sharp stabbing pain with stiffness and intermittent swelling and locking. Physical examination findings included medial joint line tenderness with crepitus. McMurray's testing was positive. An x-ray was obtained showing and stage osteoarthritis involving the medial compartment. Recommendations included viscosupplementation injections and an unloader brace for the knee. Prior treatments referenced include medications, physical therapy, cortisone injections, and bracing. The claimant works as maintenance and repair technician and is working with difficulty but without restrictions. An unloader brace for the knee is 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 and shifting these to the lateral compartment. It is recommended as a treatment option. In this case, the claimant has progressive knee osteoarthritis and there is reported recent imaging that supports relative medial compartment degenerative joint disease. He is working and has at least a medium work requirement and is trying to delay or avoid total knee replacement. The requested brace is considered medically necessary.