

<b>Case Number:</b>	CM15-0086991		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/25/2010
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Iowa

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

### 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 53-year-old male, who sustained an industrial injury on 12/25/2010. He reported bilateral knee pain. The injured worker was diagnosed as having bilateral knee osteoarthritis. Treatment to date has included medications, x-rays, and injections. He is noted to be retired. The request is for bilateral medial unloader braces. On 1/26/2015, he complained of bilateral knee pain, and was given orthovisc injections on this date. On 4/3/2015, he complained of bilateral knee pain that was increased. He indicated that joint lubricant injections did not give him much relief. The provider indicated that he had recurrent effusions to both knees, and that medications were only providing minimal relief. Physical examination revealed mild to moderate swelling of the left knee and minimal swelling of the right knee. Tenderness is noted, along with popping or crepitance with range of motion. The treatment plan included injection to left knee, and braces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral Medial Unloader Braces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**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, Knee Braces.

**Decision rationale:** According to MTUS guidelines, ACOEM states braces can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits from a medical perspective are uncertain. Braces are usually only necessary if the knee will be stressed under load, need to be properly fitted, and combined with a rehabilitation program. ODG recommends valgus knee braces for knee osteoarthritis, and states that braces can increase patient confidence. However, ODG also states there are limited evidence on the efficacy of knee braces for other indications, and contains similar requirements to ACOEM. The medical documentation indicates the patient does have a diagnosis of osteoarthritis, which is potentially recommended for bracing. However, the patient is not in a rehabilitation program and the amount of activity and stress loading is unclear. Without evidence of these factors, knee braces are not recommended. Therefore, the request for bilateral medial unloader braces is not medically necessary at this time.