

<b>Case Number:</b>	CM15-0089221		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Internal 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 57 year old female, who sustained an industrial injury on 8/7/2011. She reported injury from a slip and fall. The injured worker was diagnosed as having right knee arthroscopy in November 2014 to treat a right knee medial meniscus tear and left knee contusion with patello-femoral pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/16/2015 and an Agreed Medical Evaluation on 4/6/2015, the injured worker complains of right knee pain and swelling. Examination showed right knee swelling with tenderness and weakness. The treating physician is requesting a decompression brace for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompression brace right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints states that activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. Official Disability Guidelines (ODG) indicate that knee braces are recommended for articular defect repair, meniscal cartilage repair, painful unicompartmental osteoarthritis, and maximal off-loading of painful or repaired knee compartment. 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. Unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. Unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee was recommended. The orthopedic agreed medical evaluation dated April 6, 2015 documented the diagnosis of right knee medial meniscus tear, status-post right knee partial medial meniscectomy with chondroplasty. Objective physical findings of right knee included status-post arthroscopic partial medial meniscectomy, decreased range of motion, effusion, tenderness to palpation, and 2 millimeter of medial joint space interval. The orthopedic surgeon reviewed the intra-operative photographs and there are significant medial compartment degenerative changes with loss of the medial meniscus. Most of the meniscus has been resected out to the periphery suggesting that the meniscus that is remaining becomes extruded and this has contributed to the patient having decreased medial joint space of 2.0 mm. A decompression brace for the right knee was requested. Official Disability Guidelines (ODG) indicate that knee braces are recommended for articular defect repair, meniscal cartilage repair, painful unicompartmental osteoarthritis, and maximal off-loading of painful or repaired knee compartment. The request for a knee brace is supported by clinical practice guidelines. Therefore, the request for a knee brace is medically necessary.