

<b>Case Number:</b>	CM14-0115488		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/15/2005
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 case involves a 72-year-old female with a 2/15/05 date of injury. The mechanism of the injury was not described. The patient underwent total bilateral knees replacement. She was seen on 6/12/14 with complaints of ongoing pain in the shoulders and right knee. The pain was 8/10 and was constant, aching, sharp, stabbing, burning and cramping, aggravated by physical activities and not relieved by anything. The associated symptoms included numbness and weakness. Exam findings revealed edema in the lower extremities, moderate effusion of the right knee and mild effusion on the left knee and no crepitus or joints warmth were noted. There was moderate laxity with varus and valgus stress test on the right knee, and mild laxity on the left knee. The range of motion in the knees was left flexion 80 degrees, left extension 10 degrees and right extension 20 degrees. The patient's gait was antalgic on the right. She had difficulty standing and walking for a prolonged time due to the pain. The note stated that there was documented evidence of patellofemoral and ligamentous instability of the knee. The diagnosis is sprain/strain of knee/leg, and status post total bilateral knees replacement. Treatment to date includes work restrictions and medications. An adverse determination was received on 7/14/14. The request was for bilateral unloader lateral knee brace which were denied because the record failed to provide the documentation to support a need for the device. The request for Custom Orthotics was denied because the record failed to demonstrate clinical details to substantiate the medical necessity for the device. Treatment to date: work restrictions, medications. An adverse determination was received on 7/14/14. The request for Bilateral unloader lateral knee braces was denied because the record failed to provide the documentation to support a need for the device. The request for Custom Orthotics was denied because the record failed to demonstrate clinical details to substantiate the medical necessity for the device.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral unloader lateral knee braces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute; LLC; Corpus Christi, TX; Section: Knee & Leg (Acute & Chronic) (updated 06/05/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

**Decision rationale:** CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Official Disability Guidelines (ODG) states that prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. ODG supports custom knee braces with a condition which may preclude the use of a prefabricated model; severe osteoarthritis (grade III or IV); the need for maximal off-loading of painful or repaired knee compartment; or severe instability as noted on physical examination. However the patient had noted to have instability in the knees, there is a lack of documentation indicating that the patient will be stressing the knee under load or that she had severe osteoarthritis. In addition, the physical examination failed to show severe instability in both knees. Therefore, the request for bilateral unloader lateral knee braces is not considered medically necessary.

### **Custom Orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute; LLC; Corpus Christi, TX; Section: Knee & Leg (Acute & Chronic) (updated 06/05/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

**Decision rationale:** CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Official Disability Guidelines (ODG) considers orthotic devices under study for plantar fasciitis. Orthotics should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are

associated with better outcomes than custom made orthotics in people who stand for more than eight hours per day. There is a lack of documentation indicating that the patient suffered from plantar fasciitis or metatarsalgia. In addition, it is not clear if the patient's need for the orthotics is due to the need for standing for the long period. Therefore, the request for Custom Orthotics is not considered medically necessary.