

<b>Case Number:</b>	CM14-0132898		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	10/28/1983
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 62-year-old male with a 10/28/83 date of injury. At the time (7/29/14) of the request for authorization for unloader braces, for the bilateral knees QTY: 2, there is documentation of subjective complaints of increased amount of knee and back pain, difficulty with sitting, standing and walking, and going up and down stairs has been problematic along with walking. Objective findings include moderate effusion of the knees bilaterally, moderate laxity with varus and valgus stress of the knees bilaterally, 1+ pitting edema with no palpable cords, extension is +20 degrees on the right and +10 degrees on the left, flexion is 80 degrees bilaterally, knee extension and flexion are 3+/5 on the right and 4-/5 on the left. The current diagnoses are pes anserinus bursitis, abnormality of gait, and localized osteoarthritis not otherwise specified of lower leg. Treatments to date include surgery, including total knee replacements. There is no documentation of pain and disability associated with osteoarthritis of the medial compartment of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unloader braces for the bilateral knees #2:** 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 & Leg, Unloader Braces for the Knee

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. Official Disability Guidelines (ODG) identifies documentation of pain and disability associated with osteoarthritis of the medial compartment of the knee, as criteria necessary to support the medical necessity of an unloader knee brace. Within the medical information available for review, there is documentation of diagnoses of pes anserinus bursitis, abnormality of gait, and localized osteoarthrosis not otherwise specified of lower leg. However, despite a diagnosis of localized osteoarthrosis, there is no documentation of pain and disability associated with osteoarthritis of the medial compartment of the knee. Therefore, based on guidelines and a review of the evidence, the request for unloader braces, for the bilateral knees QTY: 2 is not medically necessary.