

<b>Case Number:</b>	CM14-0147846		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	11/01/1997
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 and 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:

This is a 70-year-old female with an 11/1/97 date of injury; the mechanism of the injury was not described. The reviewer's report dated 8/15/14 indicated that the patient was seen on 6/18/14 with complaints of pain in both knees, left worse than right. The patient was performing home exercise program. Exam findings revealed mild right-sided limp. The patient had radiologic exam that showed degenerative arthritis, more on the left than right. No other pertinent medicals were related to the right knee. The diagnosis is knee pain. Treatment to date: work restrictions and medications. An adverse determination was received on 8/15/14 given that osteoarthritis of the medial compartment was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unloading Right Knee Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 11 Edition 2014, Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Unloader braces for the knee

**Decision rationale:** CA MTUS does not address this issue. The ODG states that 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. Several case series suggest that unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. There is a lack of documentation indicating that the patient suffered from osteoarthritis of the medial compartment of the right knee and the documentation submitted for the review was from 2006. In addition, there is no rationale with regards to the clearly specified functional goals with the unloader knee brace. Therefore, the request for Unloading Right Knee Brace was not medially necessary.