

<b>Case Number:</b>	CM14-0148704		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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:

The patient is a 58-year-old female who has submitted a claim for chronic right knee pain due to lateral meniscal tear as well as advanced degenerative tricompartmental osteoarthritis affecting the lateral anterior aspect and lesser extent to the medial aspect associated with an industrial injury date of 02/25/2011. Medical records from 05/08/2014 to 07/31/2014 were reviewed and showed that patient complained of right knee pain graded 5/10. Physical examination revealed tenderness along the knee with weakness to resisted function and full knee ROM. MRI of the right knee dated 08/16/2012 revealed redemonstration of advanced to compartmental osteoarthritis which is mostly affecting the lateral and anterior compartments, progression of myxoid degeneration versus partial tear of ACL (anterior cruciate ligament), and chronic tear of lateral meniscus, body and anterior horn. Treatment to date has included 5 unspecified knee injections (date not available), physical therapy, and pain medications. Of note, there was no discussion of active participation by the patient in a rehabilitation program. Utilization review dated 08/15/2014 denied the request for DonJoy braces unload (unspecified Knee) QTY: 1 additional information supporting diagnosis of right and left knee OA was needed to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DonJoy braces unload (unspecified Knee) #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, the patient complained of knee pain due to advanced osteoarthritis, which prompted knee brace request. However, there was no discussion of active participation by the patient in a rehabilitation program. The guidelines only support the use of knee brace when placing the knee under load. Moreover, the request failed to indicate the laterality of knee. Therefore, the request for DonJoy braces unload (unspecified Knee) #1 is not medically necessary and appropriate.