

<b>Case Number:</b>	CM14-0166075		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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, has a subspecialty in Pain Medicine 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 an injured worker with a date of injury of 3/18/11. A utilization review determination dated 9/26/14 recommends non-certification of bilateral knee OA braces. 7/17/14 medical report identifies bilateral knee pain with giving way. Injured worker has had 2 corticosteroid injections on the right with mild benefit. Has had prior surgery on both knees with "early OA" reported. Recommendations include bilateral Supartz injections, ibuprofen, and bilateral knee OA braces. Prior imaging from 2012 identifies minimal/mild osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Knee OA Braces:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter, Knee Brace

**Decision rationale:** Regarding the request for bilateral knee OA braces, CA MTUS does not specifically address this type of knee brace. ODG guidelines do support prefabricated knee braces in injured workers with conditions such as painful unicompartamental osteoarthritis. Within the documentation available for review, it appears that the injured worker has bilateral

knee osteoarthritis with ongoing pain and disability despite other forms of conservative treatment. In light of the above, the current request for Bilateral Knee OA Braces is medically necessary.