

<b>Case Number:</b>	CM15-0061598		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 54 year old male, who sustained an industrial injury on December 15, 2008. The injured worker's initial complains of and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having right knee osteoarthritis, right knee medial and lateral meniscus tears, status post right knee arthroscopy with extensive debridement and chondroplasty, synovectomy, and partial medial and lateral meniscectomy in 2009, recurrent right knee medial and lateral meniscus tears, status post right knee arthroscopy with partial medial and lateral meniscectomy, medial chondroplasty and intraarticular injection in 2010, and recurrent right knee medial meniscus tear. Treatment to date has included a transcutaneous electrical nerve stimulation (TENS) unit, a unloader knee brace and opioid, anti-anxiety, hypnotic, and muscle relaxant medication. On March 2, 2015, the injured worker complains of ongoing right knee pain and discomfort with popping, clicking, and giving out. His medications help his pain and comfort. He is retired. The physical exam revealed tenderness of the right knee medially. The treatment plan includes refurbishing or replacement of his medial unloading brace for the right knee. The treatment request is for refurbish medial unloading brace including straps, upper liner, lower liner, condylar pads, and under sleeves/DVC repair for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refurbish Medial Unloading Brace including Straps, Upper Liner, Lower Liner, Condylar Pads, Undersleeves/DVC Repair, Right Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines, Knee and Leg (Acute & Chronic), Unloader braces for the Knee, Knee Brace.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, a refurbished medial unloading brace including straps, upper liner, lower liner, condylar pads, under sleeves/DVC repair, right knee is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. 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. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. The guidelines recommend an unloader brace for the knee. Unloader braces are designed specifically to reduce 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. See the guidelines for additional details. In this case, the injured worker's working diagnoses are osteoarthritis right knee; medial and lateral meniscus tear right knee; status post arthroscopy right knee with extensive debridement and chondroplasty, synovectomy, partial medial and lateral meniscectomy; recurrent tear medial and lateral meniscus right knee; status post arthroscopy, right knee with partial medial meniscectomy, partial lateral meniscectomy, partial femoral chondroplasty and intra-articular injection; and recurrent tear medial meniscus right knee. Documentation shows the injured worker was first authorized in unloader brace in July 2014. The unloader brace is correctly indicated for the injured worker's underlying condition. In a March 2, 2015 progress note the treating physician is requesting a refurbished unloader brace. There is no documentation in the medical record indicating unloader brace dysfunction, the state of disrepair and the medical necessity for a refurbished unloader brace. Consequently, absent clinical documentation with a clinical rationale for a refurbished unloader brace including the state of disrepair and unloader brace dysfunction, a refurbished medial unloading brace including straps, upper liner, lower liner, condylar pads, under sleeves/DVC repair, right knee is not medically necessary.