

<b>Case Number:</b>	CM15-0063402		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	03/11/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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  
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 51 year old female who sustained an industrial injury on 3/11/12. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having status post right knee partial replacement and right knee strain/sprain. Treatments to date have included aqua therapy, status post right knee partial replacement, physical therapy, knee brace, activity modification, cortisone injection, Synvisc injections, and status post right knee arthroscopic surgery. Currently, the injured worker complains of right knee pain. The plan of care was for a right knee brace and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee unloader brace:** Overturned

**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 Chapter.

**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 (Acute & Chronic) Knee brace, Unloader braces for the knee.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints states that activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. Official Disability Guidelines (ODG) indicate that knee braces are recommended for painful failed knee arthroplasty, painful unicompartmental osteoarthritis, and maximal off-loading of painful or repaired knee compartment. Unloader braces for the knee are recommended. 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. Unloader knee braces appear to be associated with a reduction in pain in patients with painful osteoarthritis of the medial compartment. Unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee was recommended. The operative report dated April 12, 2013 documented the performance of right knee lateral compartment unicompartmental arthroplasty. The diagnosis was right knee lateral compartment osteoarthritis. The comprehensive orthopedic consultation dated November 18, 2014 documented that the patient is experiencing constant pain in the right knee. On physical examination, the patient has a gross limp. The patient has gross crepitus of her knee and she has medial tenderness as well. Ligaments are intact to stress testing clinically. Diagnosis was failed right lateral unicompartmental replacement with degeneration of patellofemoral and medial compartments. The patient has undergone a right lateral unicompartmental replacement. While the procedure appeared to have been technically well performed, the patient has degeneration in other portions of her knee. She has gross crepitus that is palpable and audible on motion. The patient has involvement of other portions of the knee. The orthopedic surgeon recommended revision of the patient's lateral unicompartmental replacement to a total knee replacement. Authorization for a revision total knee replacement was requested. The orthopedic surgeon documented the diagnosis of failed right lateral unicompartmental replacement with degeneration of patellofemoral and medial compartments, which supports the the quest for a right knee unloader brace, per ODG guidelines. Therefore, the request for right knee unloader brace is medically necessary.