

<b>Case Number:</b>	CM15-0072293		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 52 year old male, who sustained an industrial injury on June 20, 2014. He has reported left knee pain. Diagnoses have included left meniscus tear and chondromalacia. Treatment to date has included medications, left knee arthroscopy with partial meniscectomy, physical therapy, and imaging studies. A progress note dated March 16, 2015 indicates a chief complaint of left knee pain. The treating physician documented a plan of care that included bracing of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unloader Brace Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360.

**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 Section, Unloader Brace.

**Decision rationale:** Pursuant to the official disability guidelines, an unloader brace left knee is not medically necessary. Unloader knee braces are specifically designed 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. See the guidelines for additional details. In this case, the injured worker's working diagnoses are left knee lateral and medial meniscus tear; high grade chondral loss medial compartment; degenerative arthritis left knee; and uncomplicated hypertension. The most recent progress note of the medical record is dated March 16, 2015. Subjectively, the worker 4 months postoperative knee arthroscopy and partial meniscectomy and chondromalacia of the medial compartment and patellofemoral compartment. The injured worker has persistent medial knee pain that sometimes feels like the knee is shifting or dislocating when walking. Objectively, the injured worker is ambulatory with mild antalgic gait. There is tenderness greater at the medial than lateral joint line. Range of motion is guarded but improved at 2 to 125. The treating provider states, in the treatment plan, that x-rays were obtained at his recent visit of February 23, 2015 which showed progression of medial compartment joint space narrowing compared to previous films. There were no radiographs in the medical record available for review showing osteoarthritis of the medial compartment. Consequently, absent clinical documentation of radiographs showing osteoarthritis of the medial compartment, an unloader brace left knee is not medically necessary.