



## IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035  
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584  
e-mail: imeddallas@msn.com

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 06/30/10

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: Custom knee orthosis (right knee)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. MRI of the right knee dated 12/05/08
2. Clinical note by Dr. dated 07/27/09
3. Clinical notes by Dr. dated 03/05/10 thru 06/14/10
4. Prior review by Dr. dated 06/03/10
5. Prior review by Dr. dated 06/15/10
6. Cover sheet and working documents
7. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male who sustained an injury on xx/xx/xx.

An MRI of the right knee dated 12/05/08 reported findings of moderate patellofemoral arthritis, mild medial compartment arthritis and severe partial to near complete proximal MCL tear.

An orthopedic consultation dated 07/27/09 reported the employee was injured when his left foot fell into a dumpster and his right knee was twisted. The note reported the employee was not a surgical candidate at that time and was recommended to continue wearing a hinged knee brace.

A clinical note dated 03/05/10 reported the employee had been previously treated with formal physical therapy with some improvement, 2 Cortisone injections without relief and medication management. The note reported the employee was scheduled for right knee surgery, but he backed out after some changes were made to include surgical location and physician performing the surgery.

A clinical note dated 03/24/10 reported the employee was given a Supartz injection to the right knee.

A clinical note dated 04/07/10 reported the employee was given a third Supartz injection.

A clinical note dated 04/20/10 reported the employee discussed the option of obtaining a knee brace. The note reported the employee had failed Supartz injections and was recommended for surgery and an unloader brace.

A clinical note dated 05/03/10 reported employee was being recommended for a knee brace for stability and support.

A clinical note dated 05/27/10 reported the employee sustained a new injury when an object fell on his chest "knocking him momentarily unconscious."

A prior review dated 06/03/10 reported request for right knee brace was found to be non-certified.

A clinical note dated 06/14/10 reported the employee was scheduled to begin physical therapy on 06/15/10.

A prior review dated 06/15/10 reported the request for custom right knee orthosis was denied secondary to guidelines not supporting knee braces for radiculopathy signs/symptoms.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The request for a custom right knee orthosis is not medically necessary at this time. Clinical documentation indicates the employee has been previously treated with physical therapy, injection therapy and medication management. Clinical documentation submitted for review fails to provide a clinical rationale as to why the employee requires a custom knee brace versus an off-the-shelf knee brace. In addition, **Official Disability Guidelines** state that unloader braces are currently under study secondary to limited scientific research to support the efficacy of treatment.

In consideration of the records and fact presented, there is insufficient supportive evidence to recommend the custom right knee orthosis. As such, medical necessity for the request for custom right knee orthosis not been established at this time.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

#### ***Official Disability Guidelines***, Knee Chapter

Criteria for the use of knee braces:

Prefabricated knee braces may be appropriate in employees with one of the following conditions:

1. Knee instability
2. Ligament insufficiency/deficiency
3. Reconstructed ligament
4. Articular defect repair
5. Avascular necrosis
6. Meniscal cartilage repair
7. Painful failed total knee arthroplasty
8. Painful high tibial osteotomy
9. Painful unicompartmental osteoarthritis
10. Tibial plateau fracture

Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model:

1. Abnormal limb contour, such as:
  - a. Valgus [knock-kneed] limb
  - b. Varus [bow-legged] limb
  - c. Tibial varum
  - d. Disproportionate thigh and calf (e.g., large thigh and small calf)
  - e. Minimal muscle mass on which to suspend a brace
2. Skin changes, such as:
  - a. Excessive redundant soft skin
  - b. Thin skin with risk of breakdown (e.g., chronic steroid use)
3. Severe osteoarthritis (grade III or IV)
4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain)
5. Severe instability as noted on physical examination of knee

#### Unloader braces for the knee

Under study. There is limited scientific evidence, and the results are mixed. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. ([Gravlee, 2007](#)) Evidence that knee braces used for the treatment of osteoarthritis mediate pain relief and improve function by unloading the joint (increasing the joint separation) remains inconclusive.

When knees with medial compartment osteoarthritis are braced, neutral alignment performs as well as or better than valgus alignment in reducing pain, disability, muscle cocontraction, and knee adduction excursions. Pain relief may result from diminished muscle cocontractions rather than from so-called medial compartment unloading.