

Case Number:	CM13-0029499		
Date Assigned:	11/01/2013	Date of Injury:	08/19/2012
Decision Date:	01/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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:

The patient is a 43-year-old who sustained an injury to his left knee in a work related accident on 08/19/12. An MRI scan for review of 04/17/13 shows a tear to the anterior cruciate ligament with no meniscal pathology and an unremarkable patellofemoral joint. A note of 09/27/13 from [REDACTED] orthopedic surgeon, indicated that the claimant continues to be with an ACL tear to the left knee with current surgery for the ACL pending. Weight loss had been recommended, and given her inability to exercise, she had developed weakness to the lower extremity, as well as instability secondary to her ACL tearing. The request at that time was for a weight loss program. A prior assessment of 07/03/13 also indicated follow-up of the knee, for which surgery was recommended as well as an elastic garment sleeve to the left knee for purchase, i.e. a knee sleeve. Records do not indicate that surgical intervention has taken place at present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee sleeve (elastic garment sleeve) LT purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344.

Decision rationale: Based on California ACOEM Guidelines, the role of bracing for ACL tearing is recommended. The brace is usually necessary to improve strength and stability in an ACL deficient knee. The specific request in this case, however, for a knee sleeve would not provide the stability of a brace. While the claimant has continued to be with ACL tearing for which surgical intervention has not yet occurred and continues to present with instability as well as weakness and laxity on examination, a knee sleeve would not be indicated as its efficacy and durability in regard to further definitive care such as bracing would not be supported.