

<b>Case Number:</b>	CM13-0065812		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/31/1996
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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. The expert 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 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/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:

According to the records made available for review, this is a 52-year-old male with a 10/31/96 date of injury, and 10/28/13 arthroscopic left ACL repair with partial lateral and medial meniscectomy. At the time (11/14/13) of request for authorization for retrospective adjustable knee joints, positional ortho for left knee, there is documentation of status post left ACL repair with partial lateral and medial meniscectomy,. The current diagnoses are internal derangement of left knee and status post ACL repair with meniscectomy. The treatment to date is Final Determination Letter for IMR Case Number CM13-0065812 3 arthroscopy/meniscectomy, and medications. There is no documentation that the patient is going to be stressing the knee under load.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RESTROSPECTIVE ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHO FOR LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, Knee Brace.

**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, Knee braces

**Decision rationale:** The California MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, California MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. ODG identifies documentation of abnormal limb contour (such as: Valgus [knock-kneed] limb, Varus [bow-legged] limb, Tibial varum, disproportionate thigh and calf (e.g., large thigh and small calf), or Minimal muscle mass on which to suspend a brace); skin changes (such as: Excessive redundant soft skin, Thin skin with risk of breakdown (e.g., chronic steroid use), Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), or severe instability as noted on physical examination of knee), as criteria necessary to support the medical necessity of custom-fabricated knee braces. ODG additionally identifies that Knee bracing after ACL reconstruction appears to be largely useless, according to a systematic review and that postoperative bracing did not protect against re-injury, decrease pain, or improve stability. Within the medical information available for review, there is documentation of diagnoses of internal derangement of left knee and status post ACL repair with meniscectomy. However, there is no documentation that the patient is going to be stressing the knee under load. Therefore, based on guidelines and a review of the evidence, the request for retrospective adjustable knee joints, positional ortho for left knee is not medically necessary.