

Case Number:	CM13-0067098		
Date Assigned:	01/03/2014	Date of Injury:	07/23/2011
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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:

The claimant is a 25-year-old, female who was injured 07/23/11 sustaining an injury to the left knee. The specific request in this case is a retroactive request for a knee brace that was provided 10/29/13. Primary physician progress report from that date indicated the claimant was scheduled for a left knee surgery due to ongoing instability and an anterior cruciate ligament issue. Her physical examination showed laxity with Lachman maneuver, increased pain with range of motion, and tenderness over the patella. She was noted to be status post a prior meniscal repair from October 2011 with a secondary surgery for arthroscopy with debridement and bone grafting Final Determination Letter for IMR Case Number CM13-0067098 3 from August 2013. Due to chronic complaints of pain with anterior cruciate ligament she was fitted with an osteoarthritis lateral support knee brace and was to follow up with [REDACTED] for potential surgical intervention. Previous MRI of 03/06/13 showed the anterior cruciate ligament to be intact status post anterior cruciate ligament repair with probable horizontal cleavage tear of the medial meniscal body, trace joint effusion and proximal patellar tendinosis. Operative report of 08/14/13 indicated the claimant underwent a left knee arthroscopy with allograft of a bone cyst from prior anterior cruciate ligament tunnels with a postoperative diagnosis of left anterior cruciate ligament instability status post prior reconstruction. It indicated that this was a two stage procedure requiring grafting at the site and then revision anterior cruciate ligament procedure would be performed once fully incorporated.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PURCHASE OF KNEE ORTHO FOR LEFT KNEE FOR DOS 10/29/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: (ODG) Official Disability Guidelines, Knee Criteria for use of Knee Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340.

Decision rationale: The retroactive request for bracing in this situation would be supported. This individual is with evidence of anterior cruciate ligament tearing for which she was in the midst of a staged procedure for revision reconstruction. Given documentation of laxity and prior surgical findings the role of bracing at the date in question would have been supported.