

<b>Case Number:</b>	CM13-0069341		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/26/1998
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Surgeon, and is licensed to practice in Texas. 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 patient is a 53-year-old female who reported an injury on 09/26/1998. The patient is status post right knee ACL reconstruction with posterior tibialis tendon utilizing closed loop Endobutton femoral fixation, tibial fixation with the IntraFix device with a small sheath and a 6 to 8 mm screw, partial lateral meniscectomy, and chondroplasty of patellofemoral chondromalacia in a separate compartment of the knee. The patient continued to have some symptoms to the right leg. The patient had some swelling to the upper right thigh. The patient was doing well regarding the knee. The range of motion to the right knee was 0 to 140 degrees. There was no effusion. The patient was recommended a custom knee orthotic with carbon graphite and soft interface for molded plastic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CUSTOM KNEE ORTHOSIS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**Decision rationale:** CA MTUS/ACOEM states short-term immobilization is recommended after an acute injury to relieve symptoms; for functional bracing as a part of a rehabilitation program; or prolonged bracing for an ACL deficient knee. The patient is status post ACL reconstruction; however, the clinical documentation submitted for review stated the patient was doing well regarding the knee. The documentation does not show evidence of instability to the right knee. Given the lack of documentation to support Guideline criteria, the request for CUSTOM KNEE ORTHOSIS is non-certified.

**CARBON GRAPHITE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**Decision rationale:** CA MTUS/ACOEM states short-term immobilization is recommended after an acute injury to relieve symptoms; for functional bracing as a part of a rehabilitation program; or prolonged bracing for an ACL deficient knee. The patient is status post ACL reconstruction; however, the clinical documentation submitted for review stated the patient was doing well regarding the knee. As the corresponding request for a custom knee orthotic is not medically supported, the request for carbon graphite and soft interface for molded plastic is not needed. Given the lack of documentation to support Guideline criteria, the request for CARBON GRAPHITE is non-certified.

**SOFT INTERFACE FOR MOLDED PLASTIC, BELOW:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**Decision rationale:** CA MTUS/ACOEM states short-term immobilization is recommended after an acute injury to relieve symptoms; for functional bracing as a part of a rehabilitation program; or prolonged bracing for an ACL deficient knee. The patient is status post ACL reconstruction; however, the clinical documentation submitted for review stated the patient was doing well regarding the knee. As the corresponding request for a custom knee orthotic is not medically supported, the request for carbon graphite and soft interface for molded plastic is not needed. Given the lack of documentation to support Guideline criteria, the request for SOFT INTERFACE FOR MOLDED PLASTIC is non-certified.

**SOFT INTERFACE FOR MOLDED PLASTIC:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** CA MTUS/ACOEM states short-term immobilization is recommended after an acute injury to relieve symptoms; for functional bracing as a part of a rehabilitation program; or prolonged bracing for an ACL deficient knee. The patient is status post ACL reconstruction; however, the clinical documentation submitted for review stated the patient was doing well regarding the knee. As the corresponding request for a custom knee orthotic is not medically supported, the request for carbon graphite and soft interface for molded plastic is not needed. Given the lack of documentation to support Guideline criteria, the request for SOFT INTERFACE FOR MOLDED PLASTIC is non-certified.