

Case Number:	CM14-0019618		
Date Assigned:	04/30/2014	Date of Injury:	07/19/2013
Decision Date:	07/08/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine, 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 patient is an employee of [REDACTED] and has submitted a claim for pain in joint, lower leg associated with an industrial injury date of July 19, 2013. Treatment to date has included oral analgesics, knee surgery, knee brace, and physical therapy. Medical records from 2013 to 2014 were reviewed and showed right knee pain. The patient is s/parthrosopy of the right knee with ACL reconstruction with anterior tibialis allograft, medial meniscal repair, and chondroplasty of the medial and patellofemoral compartments (10/2/2013). Physical examination showed excellent stability of the right knee, but with limitation of motion and a very weak quadriceps. A custom molded ACL derotation brace was requested on January 23, 2014 in order to protect the reconstruction while the patient is at work and sports. The previously requested additional physical therapy sessions needed for quad strengthening were denied. The patient cannot return to work due to quadriceps muscle weakness and was placed under TPD. Utilization review dated February 14, 2014 denied the request for purchase of custom molded ACL derotation brace for the right knee because the patient has already been provided with a postoperative brace for the ligament reconstruction. There are no studies to support the protective benefit of derotational braces after ACL surgery with a stable knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CUSTOM MOLDED ACL DEROTATION BRACE FOR THE RIGHT KNEE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: According to pages 339-340 of the ACOEM Practice Guidelines referenced by CA MTUS, a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load. For the average patient, using a brace is usually unnecessary. In this case, the patient is s/p arthroscopy of the right knee with ACL reconstruction with anterior tibialis allograft, medial meniscal repair, and chondroplasty of the medial and patellofemoral compartments on October 2, 2013. A custom molded ACL derotation brace is being requested in order to protect the reconstruction while the patient is at work. However, it was noted on a progress report on March 6, 2014 that the patient was placed under temporary partial disability (TPD); he was unable to go back to work due to the persistent weakness of the right quadriceps, which warrants more strengthening. Given that the patient is unable to work, the requested knee brace's medical necessity is not warranted at this time as it was intended for workplace use. There was also no discussion whether the patient is going to be stressing the knee under load. Moreover, the most recent physical examination showed excellent stability of the right knee. The guideline recommends knee brace use in patients with knee instability. The medical necessity has not been established. Therefore, the request for one custom molded ACL derotation brace for the right knee is not medically necessary.