

<b>Case Number:</b>	CM14-0156987		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 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 injured worker is a 36-year-old male who reported an injury on 11/28/2011. The mechanism of injury was not submitted for review. The injured worker had a diagnosis of left knee pain and old distribution of anterior cruciate ligament. Past medical treatment consisted of surgery, physical therapy, and medication therapy. Past surgeries consisted of left meniscectomy, chondroplasty, and synovectomy on 10/18/2013 and ACL reconstruction on 06/13/2014. On 09/09/2014, the injured worker complained of knee pain. The examination revealed an extension of 9/9 and a flexion of 9/9. The medical treatment plan was for the injured worker to have a Defiance custom knee brace/ACL functional knee brace. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Defiance Custom Knee Brace/ ACL Functional Knee Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that a 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, such as climbing ladders or carrying boxes. For the average patient, using antibiotics brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. There was no indication in the submitted documentation that the injured worker had patellar instability, ACL tear, or MCL instability. It was documented that the injured worker underwent ACL repair in 2013. However, it was not indicated in the submitted documentation that the injured worker was going to be stressing the knee under load, such as climbing ladders or carrying boxes. Additionally, there was no indication that the injured worker was participating in a rehabilitation program in conjunction with a brace. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.