

Case Number:	CM14-0159153		
Date Assigned:	10/02/2014	Date of Injury:	03/03/2014
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 37 year old gentleman who injured his right knee in a work related accident on 03/03/14. The clinical records provided for review documented that the claimant underwent right knee arthroscopy for anterior cruciate ligament reconstruction utilizing bone tendon bone allograft, medial meniscal repair, partial lateral meniscectomy and multicompartement synovectomy on 08/29/14. This review is for use of a stabilization brace following surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MCL Stabilizer Brace Right Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee (Acute & Chronic)

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

Decision rationale: Based on the California ACOEM Guidelines, the request for a stabilization brace for the claimant's right knee postoperatively is recommended as medically necessary. The claimant has recently undergone an anterior cruciate ligament reconstructive surgery which requires immobilization for stability purposes. Given the nature of the claimant's recent surgery,

the acute need of a stabilization brace for the claimant's right knee would be supported as medically necessary in this instance.