

Case Number:	CM14-0022709		
Date Assigned:	06/11/2014	Date of Injury:	04/03/2013
Decision Date:	07/23/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/24/2014

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 Colorado and 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 38-year-old female who reported an injury on 04/03/2013 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 10/16/2013, the injured worker was status post left knee ACL reconstruction and partial medial meniscectomy. It was noted that the injured worker reported left knee had been swollen she had significant pain. It was also annotated that the injured worker was taking ibuprofen that caused some GI upset. Prior treatments included physical therapy and prescribed medications. The physical examination of the left knee revealed that the injured worker was unable to squat and walked with a significant antalgic gait. Range of motion of the left knee revealed crepitus and medial joint line tenderness to palpation with an equivocal McMurray's test. It was noted that there was a negative anterior and posterior drawer test and there was no varus or valgus stress laxity. It was noted that there was significant pain medially with both varus and valgus stress testing. The motor strength examination revealed 5/5 for the right and left knees. The diagnoses included cervical spine strain with active right C6 denervation, persistent pain from a coccyx contusion and low back contusion and strain, status post left knee ACL reconstruction and partial medial meniscectomy with significant pain, occasional swelling and possible meniscal re-tear. The treatment plan included a prescription for Celebrex, ThermoCare patches and a request for a custom fitted ACL brace and an MRI of the left knee. The Request for Authorization for custom anterior cruciate ligament left knee brace was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM ANTERIOR CRUCIATE LIGAMENT LEFT KNEE BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace.

Decision rationale: The request for custom anterior cruciate ligament left knee brace is non-certified. The Official Disability Guidelines (ODG) state that criteria for the use of a custom fabricated knee brace include abnormal limb contour such as: valgus (knock kneed) limb; varus (bow legged) limp; tibial varum; disproportionate thigh and calf (e.g. large thigh and small calf); minimal muscle mass on which to suspect a brace, and skin changes such as excessive redundant soft skin; and skin with risk of breakdown; severe osteoarthritis (grade 3 or 4); maximal offloading of painful or repaired knee compartment (example: heavy patient, significant) and severe instability as noted on physical examination of the knee. In the clinical notes provided for review, there is a lack of documentation of the injured worker having issues with abnormalities such as disproportionate thigh and calf or valgus limb within the physical examination. There is also a lack of documentation of the knee having instability. It is annotated that the injured worker had normal range of motion without varus or valgus stress laxity. Furthermore, there was a lack of documentation of the injured worker having maximal offloading of painful or repaired knee compartment due to the injured worker having weight issues. Therefore, the request for customer anterior cruciate ligament left knee brace is non-certified.