

<b>Case Number:</b>	CM14-0024953		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 55 year-old with a date of injury of 11/13/12. A progress report associated with the request for services, dated 02/03/14, noted continued difficulty going up and down stairs. There was a feeling that the knee might "give way". Objective findings included laxity of the knee on testing. There was no limp and skin was intact. Diagnoses included post left knee ACL reconstruction with allograft tendon. Treatment has included an anterior cruciate ligament reconstruction on 05/29/13. He had 30 physical therapy sessions postoperatively. A Utilization Review determination was rendered on 02/19/14 recommending non-certification of "left knee ACL brace and 8 sessions post-operative physical therapy".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ACL BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Brace.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that prophylactic or prolonged bracing of the knee is not recommended. They note that a brace can be used for patellar instability, an anterior cruciate ligament (ACL) tear, or medial collateral ligament instability, though its benefit may be more emotional than medical. The Official Disability Guidelines (ODG) state that prefabricated knee braces are recommended under the following conditions: Knee instability, Ligament insufficiency/deficiency, Reconstructed ligament, Articular defect repair, Avascular necrosis, Meniscal cartilage repair, Painful failed total knee arthroplasty, Painful unicompartmental osteoarthritis, Tibial plateau fracture, Painful high tibial osteotomy. Custom-fabricated knee braces may be appropriate with the following conditions: Abnormal limb contour, Skin changes, Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), Severe instability as noted on physical examination of knee. They further note: "In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load."The RFA is for a custom knee brace. In this case, the criteria for a custom brace are not met. There is no documentation for the above criteria. Therefore, the record does not document the medical necessity for a custom knee brace.

**8 SESSIONS POST-OPERATIVE PHYSICAL THERAPY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) allows 24 visits of physical therapy over 16 weeks post Anterior Cruciate Ligament (ACL) repair with a postsurgical physical medicine period of 6 months. The patient had had 30 physical therapy sessions and is no longer in the postsurgical physical medicine period. Therefore, there is no documented medical necessity for additional physical therapy as requested.