

<b>Case Number:</b>	CM14-0046243		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 a 35 year old male who was injured on 01/17/2013. The mechanism of injury is unknown. His past treatment history included Naproxen and cold packs. The patient underwent right knee arthroscopic surgery. Progress report dated 03/13/2014 states the patient presented with right knee pain and limited movement as he was recovering from surgery. On exam, his wound was noted to be healing well but had tenderness and decreased range of motion. He has a diagnosis of right knee sprain/strain and possible internal derangement of the right knee. Prior utilization review dated 03/12/2014 states the request for Purchase of A-Stim Interferential Stimulator Unit with supplies (Durable Medical Equipment mi) and purchase of postoperative right knee brace is denied as guideline criteria was not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of A-Stim Interferential Stimulator Unit with supplies (Durable Medical Equipment mi): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulator.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** According to the MTUS/ACOEM guidelines, a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. According to the Official Disability Guidelines (ODG), prefabricated knee braces may be appropriate for knee instability, meniscal cartilage repair, fracture, and unicompartmental osteoarthritis, among other conditions. Knee bracing after ACL reconstruction appears to be largely useless. Post-operative bracing did not protect against re-injury, decrease pain, or improve stability. In this case, the patient is several weeks status post right knee arthroscopic meniscus surgery. However, knee bracing is not typically necessary after routine arthroscopic meniscus surgery. Bracing may be indicated after meniscus suturing versus debridement, but the operative report is not provided such that the specific procedure performed is not clear. Further, no specific rationale is provided for the post-operative knee brace. Therefore, the request for a purchase of postoperative right knee brace is not medically necessary and appropriate.

**Purchase of Postoperative Right Knee Brace:** Upheld

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

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

**Decision rationale:** As per CA MTUS/ACOEM guidelines, "a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." According to ODG guidelines, prefabricated knee braces may be appropriate for knee instability, meniscal cartilage repair, fracture, and unicompartmental osteoarthritis, among other conditions. Knee bracing after ACL reconstruction "appears to be largely useless." "Post-operative bracing did not protect against re-injury, decrease pain, or improve stability. In this case, the patient is several weeks status post right knee arthroscopic meniscus surgery. However, knee bracing is not typically necessary after routine arthroscopic meniscus surgery. Bracing may be indicated after meniscus suturing versus debridement, but the operative report is not provided such that the specific procedure performed is not clear. Further, no specific rationale is provided for the post-operative knee brace. Medical necessity is not established.