

<b>Case Number:</b>	CM14-0068980		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 27-year-old female with a date of injury of 04/05/2012. The listed diagnoses per the treating physician are, right knee anterior cruciate ligament tear, right knee internal derangement, right knee medial meniscus tear, seven months status post right knee anterior cruciate ligament reconstruction. According to progress report 03/18/2014 by the treating physician, the patient is status post right knee surgery on 08/22/2013. Her right knee pain is rated as 05/10, which is improving. She reports that the pain is associated with occasional swelling. Examination of the right knee revealed muscle testing 4/5 strength with flexion and extension. Range of motion was restricted due to pain. An MRI of the right knee from 07/12/2012 demonstrated chronic tear of the anterior cruciate ligament associated with complex tear of the posterior horn of the medial meniscus and full cartilage defect on the medial femoral condyle. The treating physician is requesting authorization for physical therapy and a custom anterior cruciate ligament brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Anterior Cruciate Ligament (ACL) Brace for the right knee Quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg, Knee Brace.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Custom fit total knee (CFTK) Replacement chapter.

**Decision rationale:** This patient is status post right knee surgery on 08/22/2013. The progress report indicates the patient has continued pain and occasional swelling. The treating physician is recommending a custom anterior cruciate ligament brace for the right knee. The ODG Guidelines does recommend knee brace for the following conditions knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture. However, for a custom-made knee brace, the ODG recommends it for abnormal limb contour, skin changes, severe osteoarthritis and extreme obesity. In this case, such is not documented. While the patient may be a candidate for a off-the shelf knee brace, custom-made knee brace is not supported by the guidelines. Recommendation is for denial. As such, the request is not medically necessary.