

Case Number:	CM14-0083970		
Date Assigned:	07/25/2014	Date of Injury:	09/09/2008
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 male (age not made available) who has submitted a claim for residuals of multiple surgeries of the right knee with ACL reconstruction and residuals of arthroscopic chondroplasty, left knee associated with an industrial injury date of 09/09/2008. Medical records from 05/19/2014 to 07/25/2014 were reviewed and showed that patient complained of bilateral knee pain (grade not specified). Physical examination revealed well-healed arthroscopic scars of the left knee and surgical scars of the right knee. Knee ROM was decreased bilaterally. A 3+ subpatellar crepitation was noted bilaterally. McMurray's and Apley's grinding tests were positive bilaterally. Anterior and posterior drawer, MCL and LCL ligament laxity, Lachman's, and pivot shift test were negative bilaterally. MR athrogram of the right knee dated 03/29/2010 revealed early degenerative disc changes. MRI of the right knee dated 09/26/2011 revealed trabecular bone injury involving posterior aspect of medial tibial spine, intact ACL, full thickness chondral defect involving the medial tibial plateau, and mild scarring within Hoffa's fat pad. MRI of the left knee dated 07/23/2012 revealed lateral meniscal tear. Treatment to date has included right knee chondroplasty of the medial tibial plateau (06/04/2009), right knee ACL repair (06/02/2010), left knee arthroscopic chondroplasty, synovectomy, and menisectomy (12/2012), physical therapy, and 13 Synvisc injections to the right knee. Utilization review dated 05/19/2014 denied the request for ACL brace right knee. However, the rationale was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACL Brace for right knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg (updated 03/31/14).

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 CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use of prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. 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. In this case, the patient was noted to undergo ACL repair on 06/02/2010. However, the patient was not documented to be actively participating in a functional restoration or rehabilitation program or performing any other activity that would load the knee. The guidelines state that a knee brace is only necessary when stressing the knee under load. Therefore, the request for ACL brace for right knee is not medically necessary.