

<b>Case Number:</b>	CM14-0090046		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/14/2014

### 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 Surgery and is licensed to practice in Indiana. 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 claimant is a 40-year-old injured on 10/3/13 when he stumbled and twisted his right knee. A full-thickness ACL tear was confirmed on an MRI of the right knee dated 10/24/13. Initial treatment was NSAIDs and a rehabilitation followed by surgery for a right knee arthroscopy with an ACL reconstruction, which has been certified and was performed on 6/30/14. The request for an ACL custom knee brace had been modified to a NON-custom ACL brace, and a request for 24 post-op physical therapy sessions to the right knee has been modified to 12 post-op physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACL Custom Knee 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, Treatment Index, 12th Edition (web), 2014, Knee and Leg Chapter, Knee Brace.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM, 3rd Edition (MDGUIDELINES) Knee Treatment, Specific Diagnoses - ACL Injuries.

**Decision rationale:** According to the ACEOM V.3 Guidelines, functional bracing is not recommended for ACL injuries post-operatively. There are many RCTs that evaluate the use of braces to treat and rehabilitate post-operative and non-operative patients with ACL tears. However, nearly all of the trials for non-operative treatment are of low quality. Thus, there is no recommendation for or against the use of braces for non-operative treatment of ACL tears.

**Post Operative Physical Therapy - twenty-four (24) sessions for the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM, 3rd Edition (MDGUIDELINES) Knee Treatment, Specific Diagnoses - ACL Injuries.

**Decision rationale:** According to the ACOEM V.3 Guidelines (MDGuidelines), rehabilitation is recommended after ACL injury with or without surgical reconstruction - One to 6 weeks, 2 to 3 sessions a week, decreasing over time with active treatment up to 12 weeks. Therefore, although 24 post-operative physical therapy treatments after ACL surgery are not medically necessary.