MAXIMUS Federal Services

| Case Number: | CM14-0098741 | | |
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| Date Assigned: | 09/29/2014 | Date of Injury: | 11/15/2013 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 06/26/2014 |

## 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 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 injured worker is a 28-year-old female with a reported date of injury on 11/15/2013. The mechanism of injury was not noted in the records. The injured worker's diagnoses included internal derangement of the right knee and rupture of the right meniscus. The injured worker's past treatments included pain medication and physical therapy. There was not relevant diagnostic imaging submitted for review. There is no relevant surgical history noted. The subjective complaints on 06/03/2014 included constant dull pain in the right knee. The objective physical exam findings noted audible and palpable crepitus to the right knee. There is also medial and lateral joint line tenderness. There is also patellar tendon tenderness and decreased range of motion to the right knee. The MRI performed on 12/13/2013 revealed type 1 signal within the posterior horn of the medial meniscus, as well as the anterior horn of the lateral meniscus. These findings are consistent with degenerative change. The MRI also revealed a partial tear or strain of the anterior cruciate ligament. The injured worker's medications were not documented in the records. The treatment plan was to order a hinged right knee brace. A request was received for a hinged right knee brace. The rationale for the request was to add stability to the knee. The Request for Authorization form was dated 06/13/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hinged right knee brace:** Overturned

**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)

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

**Decision rationale:** The request for hinged right knee brace is medically necessary. The Official Disability Guidelines state that prefabricated knee braces are recommended for 1 of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and meniscal cartilage repair. The injured worker has a torn right ACL and physical examination documents knee instability and is corroborated with a MRI that states the ligament is torn, causing ligament insufficiency. The request meets the evidence based guidelines. As such, the request is medically necessary.