

Case Number:	CM14-0171504		
Date Assigned:	10/23/2014	Date of Injury:	03/25/2014
Decision Date:	01/23/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 Massachusetts, Nebraska, and Texas. 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 31-year-old male who reported an injury on 03/25/2014. The injury occurred while the injured worker was standing on a truck and he stepped back, slipped of the truck, and twisted his right knee. His diagnoses include status post right knee arthroscopic anterior cruciate ligament reconstruction. His past treatments include 23 visits of postsurgical physical therapy and bracing. The diagnostic studies include an MRI of the right knee in 05/2014. His surgical history includes right knee arthroscopy anterior cruciate ligament reconstruction on 08/27/2014. On 10/28/2014, the patient presented with postoperative right knee pain. The objective findings revealed the right knee to have decreased strength of 4/5 and no other significant findings. His medications included Advil and Meperidine HCl. The treatment plan was noted to include obtaining a brace, weight bearing as tolerated, continuation of physical therapy, and a follow-up visit in 4 weeks. A rationale for the request was not provided. A Request for Authorization form was submitted for review on 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Knight Knee Brace, soft interface-below knee and soft interface-above knee for post- operative use.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee & Leg, Knee Brace

Decision rationale: The California MTUS/ACOEM Guidelines recommend a knee brace as a part of a rehabilitation program for patellar instability, anterior cruciate ligament tear, or meniscal instability. Additionally, the guidelines state a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. More specifically, the Official Disability Guidelines' criteria for custom fabricated knee braces include the presence of an abnormal limb contour, skin changes, severe osteoarthritis of grade III or IV, maximal off-loading of a painful or repaired knee compartment secondary to obesity, or severe instability upon physical examination of the knee. There was no evidence of knee instability, deformity or malalignment upon physical examination. There was insufficient documentation indicating the patient would be stressing the knee under load, such as climbing ladders or carrying boxes. There was insufficient documentation of to show evidence of skin changes with previous use of a post-operative knee brace or the presence severe osteoarthritis corroborated by recent imaging studies. There was a lack of documentation indicating the injured worker was overweight or obese, requiring maximal offloading of a painful or repaired knee compartment. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for purchase of a knight knee brace, soft interface-below knee and soft interface-above knee for post-operative use is not medically necessary.