

<b>Case Number:</b>	CM15-0107728		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	03/13/2015
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 50 year old female, who sustained an industrial injury on March 13, 2015. She reported walking across the school campus, she stepped into a gopher hole with an exaggerated bowing of her right knee. The injured worker was diagnosed as having a right knee anterior cruciate ligament (ACL) tear with medial meniscal tear and synovitis. Treatment to date has included x-rays, MRI, physical therapy, right lower extremity ultrasound, right knee surgery April 21, 2015, and medication. Currently, the injured worker complains of right knee pain. The Treating Physician's report dated May 1, 2015, noted the injured worker approximately one week out from right knee ACL reconstruction, arthroscopic partial medial meniscectomy, and synovectomy of the suprapatellar region of the knee in a separate compartment of the knee. The injured worker was noted to have her pain controlled, with no erythema or induration, a normal neurovascular examination, and range of motion (ROM) about 0 to 45 degrees. The treatment plan was noted to include removal of sutures, start of a formal physical therapy program, and continued anti-inflammatory medication and use of Cryo-Cuff. The injured worker's brace was removed and placed in 10 degree extension block, to be worn at all times with weight bearing. A request for authorization was made for a post-operative ACL brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Sport Knee Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) Knee Bracing.

**Decision rationale:** MTUS Guidelines do not address the specifics of this request. ODG Guidelines address this in issue and the Guidelines support the use of a prefabricated brace for this patient's situation (post ligament repair). There is no documentation of unusual anatomy or other rare circumstances that would justify a custom brace vs. a high quality prefabricated brace (that can be fitted). The Guidelines support a prefabricated brace, but they do not support a custom sport knee brace. A Custom sport knee brace is not medically necessary.