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| Case Number: | CM15-0184594 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 01/08/2015 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 24 year old male, who sustained an industrial injury on 1-8-15. The injured worker is being treated for right knee dislocation with rupture of posterior and anterior cruciate ligaments, popliteal artery rupture, status post fasciotomies and status post knee manipulation and medial meniscectomy. Treatment to date has included popliteal artery bypass graft, physical therapy, knee brace, oral medications and activity modifications. On 8-9-15, the injured worker complains of instability of knee with ambulation. He is temporarily totally disabled. Physical exam dated 8-9-15 noted a long leg brace, decreased range of motion of right knee and ankle, some quadriceps weakness and slightly unstable right knee medially and laterally and healed surgical scars. On 9-10-15 a request for 1 right lower extremity ossur posterior cruciate ligament brace with valgus load was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lower Extremity Ossur Posterior Cruciate Ligament Brace with Valgus Load:
Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Knee brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s):
Initial Care.

Decision rationale: The California MTUS section on knee complaints states that bracing may be indicated in the treatment of injury to the meniscus, ACL or collateral ligaments. This patient has documented posterior and anterior ACL injury. Therefore, the request is medically necessary.