

<b>Case Number:</b>	CM15-0189043		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old male who sustained an industrial injury on 6-4-07. A review of the medical records indicate he is undergoing treatment for status post anterior cruciate ligament reconstruction left knee in 1982, status post arthroscopic surgery - left knee - with findings of ACL laxity, fraying of the meniscus, chondromalacia medial and lateral femoral condyles, medical tibial plateau, retained hardware anterior aspect of knee proximal tibia 8-20-07, status post removal of staple left knee 4-28-08, status post arthroscopy, ACL reconstruction with bone graft to femoral and tibial tunnels, partial medial and lateral meniscectomy, chondroplasty patella of left knee 1-19-10, status post arthroscopy with posterior cruciate ligament reconstruction, hardware removal of left knee 12-19-12, right knee pain, status post arthroscopic partial medial meniscectomy, chondropalsty medial femoral condyle, excision of pedunculated mass of the right knee 8-30-02, lumbar strain superimposed on multilevel degenerative disc disease, and status post arthroscopic biceps tenodesis and subacromial decompression of the left shoulder on 10-22-14. Medical records (4-2-15 to 7-28-15) indicate worsening pain in the bilateral knees. The 4-29-15 report indicates the pain is "constant and moderate to severe in intensity". The injured worker reports intermittent clicking and grinding. The physical exam (4-29-15) reveals tenderness to palpation over the medial and lateral joint line of the left knee. Range of motion is 0-130 degrees. The gait is noted to be "mildly antalgic". Effects of his symptoms on activities of daily living are not indicated in the records. Diagnostic studies regarding bilateral knees include an MRI of the left knee on 6-14-07, November 2007, and 9-28-12. In addition to prior surgical procedures, treatment has included a Synvisc injection

in the past with "excellent response". A request for authorization for bilateral Synvisc injections was made on 7-28-15. The injured worker is noted to be "permanent and stationary" on 4-29-15. The utilization review (9-11-15) includes a request for authorization for a custom ACL brace for the left knee. The request was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Custom ACL brace for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** According to ACOEM Chapter 2, Initial Approaches to treatment, inactivity and/or immobilization should be limited because they result in deconditioning and bone loss after relatively short periods of time. The request for the current treatment would result in immobilization in contrast to the recommendation above. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.