

Case Number:	CM15-0190585		
Date Assigned:	10/02/2015	Date of Injury:	07/23/2013
Decision Date:	11/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 07-23-2013. She has reported injury to the left hip, left knee, and low back. The diagnoses have included lumbar spine herniated nucleus pulposus; left hip degenerative joint disease; status post left hip arthroplasty with three revisions; and left knee ACL (anterior cruciate ligament) tear and degenerative joint disease. Treatment to date has included medications, diagnostics, activity modification, physical therapy, and left hip surgeries. Medications have included Percocet, Xanax, Valium, and Ambien. A progress report from the treating provider, dated 09-09-2015, documented an evaluation with the injured worker. The injured worker reported that she has pain in the lower back and left hip; and she has severe pain and instability in the left knee causing her to fall repeatedly at home, also due to low back and left hip pain. Objective findings included lumbar spine tenderness to palpation of the paraspinals; positive lumbar paraspinal spasms; left knee tenderness to palpation and +1 effusion; and there are multiple knee bruises and lacerations from falls. The treatment plan has included the request for ACL brace left knee. The original utilization review, dated 09-23-2015, non-certified the request for ACL brace left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACL Brace Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. The patient is s/p left hip arthroplasty with three revisions. Clinical exam of the knee has not demonstrated any severe acute red-flag conditions or overt instability to support for this knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. Submitted reports have not adequately demonstrated the indication or clinical instability for ACL tear to support this knee brace without confirmed imaging or specific exam findings. The ACL Brace Left Knee is not medically necessary and appropriate.