

Case Number:	CM15-0199701		
Date Assigned:	10/14/2015	Date of Injury:	10/31/2014
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 43-year-old male cook/food preparer who sustained an industrial injury on 10/31/14. Injury occurred when he slipped while emptying a trashcan, causing a hyperextension injury to the left knee. He was diagnosed with a left knee sprain with tear of the anterior cruciate ligament (ACL). He underwent left anterior cruciate ligament (ACL) reconstruction using an Achilles tendon cadaver allograft and arthroscopic partial lateral meniscectomy on 7/14/15. The 8/19/15 orthopedic report indicated that injured worker was status post surgery. He was attending physical therapy and improving. He had been walking with 2 crutches and was moving towards using just one. Left knee exam documented incisions were healed. Range of motion was 0-125 degrees with moderate quadriceps atrophy and weakness. Lachman's and drawer tests were negative. The 8/25/15 treating physician report documented healing ACL reconstruction of the left knee. Authorization was requested for an ACL hinged brace for left knee. The 9/17/15 utilization review non-certified the ACL hinged brace for the left knee as not medically necessary based on an absence of significant exam findings to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cruciate ligament hinged brace for left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Knee brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Knee braces.

Decision rationale: The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. In general, custom braces are not supported over pre-fabricated braces unless specific indications are met. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: 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 unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. This injured worker underwent an anterior cruciate ligament reconstruction and meniscectomy. There is residual moderate quadriceps atrophy and weakness. The use of a knee brace is generally supported following ligament reconstruction. Therefore, this request is medically necessary.