

<b>Case Number:</b>	CM15-0208219		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/14/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 41 year old female, who sustained an industrial injury on 5-14-14. The injured worker was being treated for right knee ACL tear (status post ACL reconstruction), right knee OCD lesion (status post OATS) and quadriceps disuse atrophy. On 7-14-15, the injured worker complains of stabbing pain to right knee cap rated 7 out of 10. She is currently not working. Physical exam performed on 7-14-15 revealed swelling at incision sites, tenderness to palpation over the medial joint line and medial femoral condyle with no instability noted. Treatment to date has included right knee surgery (5-4-15), physical therapy, right knee brace, crutches, cold compression therapy, oral medications including Ambien and Ibuprofen and activity modifications. The treatment plan included full range of motion, Naproxen Sodium 550mg, ice therapy, home therapy and transitioning out of her post op brace. On 9-24-14 request for custom ACL brace 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:

**Don Joy ACL (anterior cruciate ligament) brace for the right knee (purchase): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg: Knee brace.

**Decision rationale:** Criteria of using knee braces are as follows: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability 2. Ligament insufficiency/deficiency 3. Reconstructed ligament 4. Articular defect repair 5. Avascular necrosis 6. Meniscal cartilage repair 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fracture Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb b. Varus [bow-legged] limb c. Tibial varum d. Disproportionate thigh and calf (e.g., large thigh and small calf) e. Minimal muscle mass on which to suspend a brace 2. Skin changes, such as: a. Excessive redundant soft skin b. Thin skin with risk of breakdown (e.g., chronic steroid use) 3. Severe osteoarthritis (grade III or IV) 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain) 5. Severe instability as noted on physical examination of knee. In this case the patient had anterior cruciate ligament surgery in May 2015. The use of bracing after anterior cruciate ligament (ACL) reconstruction cannot be rationalized by evidence of improved outcome including measurements of pain, range of motion, graft stability, or protection from injury. Documentation states that the patient was to be transitioned from her post-operative brace. There is no medical indication for the DonJoy ACL brace. The request is not medically necessary.