

<b>Case Number:</b>	CM15-0208688		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/10/2015
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 32 year old male, who sustained an industrial injury on 04-10-2015. A review of the medical records indicates that the worker is undergoing treatment for ACL rupture and medial meniscus tear of the right knee, traumatic synovitis of the right knee, subluxation of the patella of the right knee and chondromalacia of the right knee. Treatment has included anti-inflammatory medication, knee brace and crutches. MRI of the right knee on 05-19-2015 was noted to show ACL rupture and medial meniscus tear. Subjective complaints (06-11-2015 and 07-02-2015) included pain, swelling and loss of range of motion of the right knee. Objective findings on 06-11-2015 were noted to show blocked tibiofemoral rotation of the right knee, positive McMurray's test, gross tenderness at the posterior horn of the medial meniscus and lateral joint line, tight collateral ligaments, equivocal Lachman's test, exquisite pain with pivot shift test in the medial compartment, positive patellar compression test with crepitus and tenderness along the facets, swelling of the knee, palpable tenderness along the posterior aspect of the knee and tenderness along the head of the gastrocs. Weight bearing x-rays of the right knee were noted to show traction spur at the tibial eminence for the anterior cruciate ligament and subluxation of the patella in the lateral aspect. The physician noted that surgical intervention for the right knee was recommended as he was two months out from the injury without improvement and continued to use crutches and that postoperative brace would also be requested. Objective findings (07-02-2015) included blocked tibiofemoral rotation, antalgic gait and swelling of the knee. The physician noted that the exam was unchanged. Recommendations included "a protective device of brace and authorization for surgery was pending. There was no

documentation regarding the reason for request for a Townsend custom molded brace. A utilization review dated 09-30-2015 non-certified a request for new custom molded Townsend right knee brace, Qty 1.

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

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

#### **New custom molded Townsend right knee brace, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Criteria for use of knee braces.

**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 (Acute & Chronic) chapter, under Knee Brace.

**Decision rationale:** The patient presents on 07/02/15 with unspecified (presumed) right knee complaints. The subjective complaints section details this patient's injury history and upcoming treatments. The patient's date of injury is 04/10/15. The request is for new custom molded townsend right knee brace, QTY 1. The RFA was not provided. Physical examination dated 07/02/15 reveals unchanged findings from previous exams, including blocked tibiofemoral rotation, an antalgic gait, knee swelling without ballotable fluid, and specifically notes that the patient presents wearing an ACL brace. The patient's current medication regimen is not provided. Patient is currently working "with attention to not aggravate his injury." Official Disability Guidelines, Knee & Leg (Acute & Chronic) chapter under Knee Brace, provides following criteria for the use of knee brace: Refabricated 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. While ODG does not specifically address the use of this particular brand of knee brace, this patient has already been issued bracing for his knee complaint. Per progress note 07/02/15, the provider states that this patient presents wearing an ACL brace. The recommendations section of this progress note states: "Protective device of brace" which is presumably the request under review. There is no indication that this patient's current brace is damaged/poorly fitting, or a rationale provided as to why the ACL brace is insufficient at this time. Without such discussion, additional knee bracing cannot be substantiated. Therefore, the request is not medically necessary.