

Case Number:	CM15-0216601		
Date Assigned:	11/06/2015	Date of Injury:	04/28/2014
Decision Date:	12/18/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	11/03/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 66 year old male who sustained an industrial injury on 04-28-2014. Medical records indicated the worker was treated for lumbar spondylosis-lumbar facet syndrome, chronic pain syndrome, acute hamstring-gastrocnemius tear, right knee internal derangement, and complaints of depression. In the provider notes of 07-24-2015, the injured worker complains of moderate discomfort with persistent right knee pain and findings of instability and pain. On physical exam, he has restricted range of motion with positive McMurray and Lachman on the right. The treatment plan includes a pending orthopedic evaluation for his right knee internal derangement, anterior cruciate ligament injury. A custom ACL brace is request was planned. A request for authorization was submitted for a Custom ACL hinged knee brace. A utilization review decision 10-03-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom ACL hinged knee brace: Upheld

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

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

Decision rationale: The MTUS ACOEM Guidelines state that knee braces may be used for patellar instability, anterior cruciate ligament tears, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually the knee brace is only necessary in these cases if the patient is going to be stressing the knee under load, but for the average patient prophylactic knee bracing is not recommended and unnecessary. In all cases, if a brace is used, it must be fitted properly and combined with a rehabilitation program. In the case of this worker, there was evidence suggestive of anterior cruciate ligament tear as well as hamstring and gastrocnemius tear of the right knee/leg. However, the documentation did not reveal how this worker would be stressing the knee under load to warrant a knee brace. Also, a consultation for an orthopedic surgeon has been approved and is pending, which may lead to intervention which would make any brace unnecessary. Therefore, at this time prior to this consultation the request for a custom knee brace is not medically necessary.