MAXIMUS Federal Services

Case Number:	CM15-0058377		
Date Assigned:	04/03/2015	Date of Injury:	12/20/2013
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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:

The injured worker is a 59-year-old male who sustained an industrial injury on 12/20/13. The 4/24/14 right knee MRI documented a horizontal oblique tear of the medial meniscus, chronic anterior cruciate ligament tearing, high-grade cartilage loss at the patellar median ridge, medial facet and lateral femoral trochlea, medial compartment chondral thinning, and small joint effusion. He subsequently underwent right knee anterior cruciate ligament (ACL) complete tear reconstruction with tendon allograft and partial medial and lateral meniscectomies on 2/19/15. A request was submitted for a Tele-Range post-op knee brace. The 3/20/15 utilization review modified the request for a Tele-Range post-op brace to an ACL properly fitting knee brace. The rationale stated there was no report of extenuating circumstances that would necessitate a single specific proprietary ACL brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tele Range Post-Op Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee brace.

Decision rationale: The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament instability although benefits may be more emotional (i.e., increasing the patient's confidence) than medical. For the average patient, using a brace is usually unnecessary. The Official Disability Guidelines state that there are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability. Knee bracing after ACL reconstruction appears to be largely useless, according to a systematic review. Postoperative bracing did not protect against re-injury, decrease pain, or improve stability. Guideline criteria have not been met. There is limited guideline support for the use of a post-op knee brace following ACL reconstruction. The 3/20/15 utilization review modified this request to an ACL properly fitting knee brace. There is no compelling reason to support additional certification. Therefore, this request is not medically necessary.