

Case Number:	CM15-0082724		
Date Assigned:	05/05/2015	Date of Injury:	07/21/2008
Decision Date:	06/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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: Pennsylvania, Ohio, 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 47 year old male, who sustained an industrial injury on 07/21/2008. On 01/08/2015, the injured worker underwent surgery to the left knee that was followed by physical therapy. Postoperative diagnoses included left knee lateral meniscal tear, grade 2 chondromalacia of the patella, synovitis and anterior cruciate ligament rupture. According to a progress report dated 01/27/2015, knee pain was improving. Objective findings of the knee included well healed incisions with no signs of infection. Range of motion was -3 degrees with extension and 90 degrees with flexion. There was no erythema, swelling or warmth and was not tender to touch. Treatment plan included continuance of therapy, call with signs or symptoms of infection and request authorization for a cane and a custom ACL brace for the left knee. Currently under review is the request for a custom ACL brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom ACL brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Knee Brace.

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/ACL Injury Rehabilitation.

Decision rationale: ACOEM states that for most patients, a knee brace is not necessary except for outlier situations where they will undergo considerable stress under load. ODG is more explicit and direct, stating "Knee bracing after ACL reconstruction appears to be largely useless, according to a systematic review. Range-of-motion, strengthening, and functional exercises remain the cornerstone of postoperative ACL rehabilitation." Overall neither the records nor treatment guidelines provide a rationale and indication for a custom ACL brace. This request is not medically necessary.