

Case Number:	CM14-0118672		
Date Assigned:	08/06/2014	Date of Injury:	01/31/2014
Decision Date:	10/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 year old male with a 1/31/14 injury date. The patient was loading a trailer with a manual pallet jack at work, and then experienced an injury to the left knee while on the job. In a follow-up note on 4/17/14, subjective complaints included left knee pain and instability. Objective findings included left knee ROM from 0 to 120 degrees, positive Lachman's and positive anterior drawer. A left knee MRI on 4/4/14 showed a chronic tear of the ACL. The plan was for left knee ACL reconstruction. Diagnostic impression: s/p ACL reconstruction. Treatment to date: medications, s/p ACL reconstruction. A UR decision on 7/3/14 partially certified the request for custom post-op ACL brace to allow for a pre-fabricated knee brace on the basis that the guidelines do not support a custom brace after ACL surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative anterior cruciate ligament (ACL) brace, custom for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Knee & Leg

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

Decision rationale: CA MTUS does not address this issue. ODG supports custom knee braces with a condition which may preclude the use of a prefabricated model; severe osteoarthritis (grade III or IV); the need for maximal off-loading of painful or repaired knee compartment; or severe instability as noted on physical examination. In the present case, there is no indication or rationale given that would support the need for a post-op custom knee brace. This case does warrant a post-op prefabricated knee brace, but because the request was not specifically for that type of brace, this type of review cannot modify the request to allow for a pre-fab brace. Therefore, the request for post-operative anterior cruciate ligament (ACL) brace, custom for left knee, is not medically necessary.