

<b>Case Number:</b>	CM14-0179913		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Ohio. 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:

The injured worker is a 26-year-old female who reported an injury on 02/17/2014. The mechanism of injury was not provided. On 05/31/2014, the injured worker presented 8 weeks post-operative left knee ACL reconstruction with patella tendon autograft, and medial meniscus tear. The injured worker noted an occasional pop and click in the knee that was not painful and does not cause any catching. Upon examination, there was 1+ effusion, range of motion of 1 through 140 degrees with stable feeling in her knee. Therapy included physical therapy. The provider recommended a custom knee brace. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Knee Custom Brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337.

**Decision rationale:** The request for associated surgical service: knee custom brace is not medically necessary. California MTUS/ACOEM Guidelines state that an immobilizer is recommended for use with a diagnosis of collateral ligament strain, cruciate ligament tear, or meniscus tears. According to the documentation provided, the injured worker was 8 weeks post-operative left knee anterior cruciate ligament ACL reconstruction with patella tendon and autograft, and medial meniscus repair. It also noted that the injured worker was doing very well. A brace would be used for patella instability, anterior cruciate ligament tear, or medial collateral ligament instability; although benefits may be more emotional than medical. Additionally, a brace is necessary only if the injured worker is going to be stressing the knee under load, such as climbing ladders or carrying boxes. Based on the clinical information submitted for review, medical necessity has not been established. Therefore, this request is not medically necessary.