MAXIMUS Federal Services

Case Number:	CM14-0167132		
Date Assigned:	10/14/2014	Date of Injury:	02/21/2014
Decision Date:	05/13/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/10/2014

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. 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: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 27-year-old female who reported injury on 02/21/2014. The mechanism of injury was the injured worker hit an unmarked object and twisted her left knee while skiing down. The surgical history included a partial medial meniscectomy in 2002 and ACL reconstruction with allograft in 2004. The injured worker a left knee arthroscopy, partial medial meniscectomy and revision ACL reconstruction with Achilles allograft on 04/16/2014. The injured worker underwent x-rays of the knee and an MRI of the left knee. The documentation of 10/28/2014 revealed the injured worker was treated with physical therapy status post ACL reconstruction and progressed per protocol and was discharged at 4 months postoperatively due to insurance limitations. The injured worker was beginning to return to sports training, including agility and running drills. The injured worker was noted to be injured while coaching skiing and planned to return to sports, such as skiing. The documentation further indicated many surgeons recommend a brace upon returning to skiing and the injured worker's surgeon did so. This was noted to be the second ACL surgery on the left knee and it was recommended that the injured worker use a stabilization brace upon returning to sports. The physician documentation of 09/02/2014 revealed the injured worker was in for recheck of the left knee. The injured worker had no swelling, with some slight stiffness after sitting for a prolonged period of time or in the morning. The injured worker was noted to need a custom brace. The Lachman's test was negative, as well as the pivot shift test. There was no effusion. The diagnosis was internal derangement left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Anterior Cruciate Ligament (ACL) Brace for the left knee x2 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (8/25/14) Knee Brace.

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, Knee braces.

Decision rationale: The Official Disability Guidelines indicate that knee bracing after ACL reconstruction appears to be largely useless. Postoperative bracing did not protect against reinjury, decrease pain or improve instability. However, a prefabricated knee brace may be appropriate for an injured worker with reconstructed ligament. Custom fabricated knee braces are appropriate for injured workers who have severe instability per physical examination. There was a lack of documentation indicating the injured worker could not utilize a prefabricated brace. The injured worker was noted to have a second ACL reconstruction, for which bracing is not recommended postoperatively. There was a lack of documentation of exceptional factors. Additionally, there was a lack of documentation indicating a necessity for 2 custom knee braces. Given the above, the request for custom anterior cruciate ligament (ACL) brace for the left knee x2 is not medically necessary.