

Case Number:	CM15-0015196		
Date Assigned:	02/03/2015	Date of Injury:	06/07/2011
Decision Date:	03/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/27/2015

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: 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 52 year old male, who sustained an industrial injury on June 7, 2011. He has reported an immediate onset of pain and swelling of his right knee along with a pop noise after a fall to the ground from a truck. The diagnoses have included recurrent symptomatic anterior cruciate ligament laxity of right knee and possible meniscus tear, status post two allograft patellar tendon ACL reconstructions and status post most recent ACL reconstruction utilizing an autogenous patellar tendon graft. Treatment to date has included diagnostic studies, knee brace, back brace, cane, ACL reconstructions and medications. On November 25, 2014, the injured worker complained of continuous pain in his right knee with popping, grinding, locking, giving way and swelling of the right knee. He had increased pain with weight bearing activities, walking, standing, squatting, kneeling, ascending and descending stairs and ladders as well as with walking on uneven ground. Range of motion of the right knee was flexion 130 degrees. He walked with a right lower extremity antalgic gait. It was felt that his symptoms were primarily due to his pivoting and giving way with instability being the injured worker's biggest complaint. On January 14, 2015, Utilization Review non-certified one custom ACL brace for the right knee, noting the ACOEM Guidelines. On January 27, 2015, the injured worker submitted an application for Independent Medical Review for review of one custom ACL brace for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 custom ACL brace for the right knee: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Chapter Knee: Bracing, page 339-340.

Decision rationale: Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this active knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the "off the shelf" type. The medical necessity of a custom brace may be an individual consideration in patients with abnormal limb contour, knee deformity, or large size, all of which would preclude the use of the "off the shelf" model. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of a custom functional knee brace compared to the off-the-shelf type, in terms of activities of daily living. In addition, many of the active functional knee braces are designed specifically for participation in elective sports, not applicable in this case. Submitted reports have not adequately demonstrated the indication or clinical findings to support this custom knee brace. The 1 custom ACL brace for the right knee is not medically necessary and appropriate.