MAXIMUS Federal Services

Case Number:	CM15-0129271		
Date Assigned:	07/21/2015	Date of Injury:	02/25/2013
Decision Date:	09/22/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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 46 year old female patient who sustained an industrial injury on 02/25/2013. The accident was described as while working picking fruit she was up a ladder standing on a rung when she slipped lost her balance falling to the ground landing with resulting injuries. Diagnostic imaging dated 03/26/2015 showed a left knee with mild early osteoarthritis, bilateral knees with manifestations of mild osteoarthritis. A primary treating office visit dated 04/02/2015 reported chief complaint of having pain that is disrupting her sleep. It is described as a constant sharp pain accompanied by weakness and giving way. At this time, there is recommendation to reconstruct the ACL as well as performing a medial meniscectomy. She is to be fitted for an ACL brace and follow up for pre-operative testing. The patient underwent surgical intervention on 06/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ACL Brace: Overturned

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

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

Decision rationale: The patient presents on 04/02/15 with sharp unrated left knee and associated weakness in the extremity. The patient's date of injury is 02/25/13. Patient is status post left knee ACL repair and medial meniscectomy on 06/24/15. The request is for LEFT ACL BRACE. The RFA was not provided. Physical examination dated 04/02/15 reveals tenderness to the medial aspect of the left knee, moderate swelling in the left knee, unstable anterior drawer test in the left knee, and restricted range of motion in the joint secondary to pain. The provider also notes positive straight leg raise test on the left side. Per 04/02/15 progress note, the patient is not prescribed any active medications. Diagnostic imaging included left knee series radiographs dated 03/26/15, with findings of mild early osteoarthritis in the bilateral knees. Patient's current work status is not provided. ODG guidelines, chapter Knee & Leg-Acute & Chronic- chapter under Knee Brace, provides following criteria for the use of knee brace: Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. While ODG does not specifically address the use of this particular brand of knee brace, the request is appropriate. The documentation provided does not mention any knee braces or other DME being issued to date. The documentation provided indicates that this patient successfully underwent ACL repair and meniscectomy on 06/24/15; a brace could provide some pain relief and functional improvement and is an appropriate post-operative measure. Therefore, the request IS medically necessary.

Below Knee Liner: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Knee & Leg-Acute & Chronic-chapter under Knee Brace.

Decision rationale: The patient presents on 04/02/15 with sharp unrated left knee and associated weakness in the extremity. The patient's date of injury is 02/25/13. Patient is status post left knee ACL repair and medial meniscectomy on 06/24/15. The request is for BELOW KNEE LINER. The RFA was not provided. Physical examination dated 04/02/15 reveals tenderness to the medial aspect of the left knee, moderate swelling in the left knee, unstable anterior drawer test in the left knee, and restricted range of motion in the joint secondary to pain. The provider also notes positive straight leg raise test on the left side. Per 04/02/15 progress note, the patient is not prescribed any active medications. Diagnostic imaging included left knee series radiographs dated 03/26/15, with findings of mild early osteoarthritis in the bilateral knees. Patient's current work status is not provided. ODG guidelines, chapter Knee & Leg-Acute

& Chronic-chapter under Knee Brace, provides following criteria for the use of knee brace Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. While ODG does not specifically address the use of this particular brand of knee brace, the request for the associated liner is appropriate. The documentation provided does not mention any knee braces or other DME being issued to date. The documentation provided indicates that this patient successfully underwent ACL repair and meniscectomy on 06/24/15; a brace (and the associated liner) could provide some pain relief and functional improvement and is an appropriate post-operative measure. Therefore, the request IS medically necessary.

Above Knee Liner: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Knee & Leg (Acute & Chronic) under Knee Brace.

Decision rationale: The patient presents on 04/02/15 with sharp unrated left knee and associated weakness in the extremity. The patient's date of injury is 02/25/13. Patient is status post left knee ACL repair and medial meniscectomy on 06/24/15. The request is for ABOVE KNEE LINER. The RFA was not provided. Physical examination dated 04/02/15 reveals tenderness to the medial aspect of the left knee, moderate swelling in the left knee, unstable anterior drawer test in the left knee, and restricted range of motion in the joint secondary to pain. The provider also notes positive straight leg raise test on the left side. Per 04/02/15 progress note, the patient is not prescribed any active medications. Diagnostic imaging included left knee series radiographs dated 03/26/15, with findings of mild early osteoarthritis in the bilateral knees. Patient's current work status is not provided. ODG guidelines, chapter Knee & Leg-Acute & Chronic-chapter under Knee Brace, provides following criteria for the use of knee brace: Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. While ODG does not specifically address the use of this particular brand of knee brace, the request for the associated liner is appropriate. The documentation provided does not mention any knee braces or other DME being issued to date. The documentation provided indicates that this patient successfully underwent ACL repair and meniscectomy on 06/24/15, a brace (and the associated liner) could provide some pain relief and functional improvement and is an appropriate post-operative measure. Therefore, the request IS medically necessary.

Knee Disc (x2): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents on 04/02/15 with sharp unrated left knee and associated weakness in the extremity. The patient's date of injury is 02/25/13. Patient is status post left knee ACL repair and medial meniscectomy on 06/24/15. The request is for KNEE DISC (X2). The RFA was not provided. Physical examination dated 04/02/15 reveals tenderness to the medial aspect of the left knee, moderate swelling in the left knee, unstable anterior drawer test in the left knee, and restricted range of motion in the joint secondary to pain. The provider also notes positive straight leg raise test on the left side. Per 04/02/15 progress note, the patient is not prescribed any active medications. Diagnostic imaging included left knee series radiographs dated 03/26/15, with findings of mild early osteoarthritis in the bilateral knees. Patient's current work status is not provided. ODG guidelines, chapter Knee & Leg-Acute & Chronic-chapter under Knee Brace, provides following criteria for the use of knee brace: "Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture." While ODG does not specifically address the use of this particular brand of knee brace, the request for what appear to be lateral discs to allow for flexion/extension is appropriate. The documentation provided does not mention any knee braces or other DME being issued to date. The documentation provided indicates that this patient successfully underwent ACL repair and meniscectomy on 06/24/15, a brace and the associated hardware could provide some pain relief and functional improvement and is an appropriate post-operative measure. Therefore, the request IS medically necessary.

Non Corrosive Coating (x2): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents on 04/02/15 with sharp unrated left knee and associated weakness in the extremity. The patient's date of injury is 02/25/13. Patient is status post left knee ACL repair and medial meniscectomy on 06/24/15. The request is for NON CORROSIVE COATING (X2). The RFA was not provided. Physical examination dated 04/02/15 reveals tenderness to the medial aspect of the left knee, moderate swelling in the left knee, unstable anterior drawer test in the left knee, and restricted range of motion in the joint secondary to pain. The provider also notes positive straight leg raise test on the left side. Per

04/02/15 progress note, the patient is not prescribed any active medications. Diagnostic imaging included left knee series radiographs dated 03/26/15, with findings of mild early osteoarthritis in the bilateral knees. Patient's current work status is not provided. ODG guidelines, chapter Knee & Leg-Acute & Chronic-chapter under Knee Brace, provides following criteria for the use of knee brace: Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/ deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. While ODG does not specifically address the use of this proprietary brand of knee brace, the request for non-corrosive coating, presumably to be applied to the knee disc(s) appears excessive. There is no discussion on the true nature of this non- corrosive coating for this patient's knee brace in the records provided. It is not clear why a medical device such as this would require a separate billable service for the application of a non- corrosive coating. Without a clearer picture of the true nature of this coating, or why it is required for this patient or the associated brace, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.

Suspension Sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents on 04/02/15 with sharp unrated left knee and associated weakness in the extremity. The patient's date of injury is 02/25/13. Patient is status post left knee ACL repair and medial meniscectomy on 06/24/15. The request is for SUSPENSION SLEEVE. The RFA was not provided. Physical examination dated 04/02/15 reveals tenderness to the medial aspect of the left knee, moderate swelling in the left knee, unstable anterior drawer test in the left knee, and restricted range of motion in the joint secondary to pain. The provider also notes positive straight leg raise test on the left side. Per 04/02/15 progress note, the patient is not prescribed any active medications. Diagnostic imaging included left knee series radiographs dated 03/26/15, with findings of mild early osteoarthritis in the bilateral knees. Patient's current work status is not provided. ODG guidelines, chapter Knee & Leg-Acute & Chronic-chapter under Knee Brace, provides following criteria for the use of knee brace: Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/ deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. While ODG does not specifically address the use of this proprietary brand of knee brace, the request for an accessory suspension sleeve appears excessive. There is no discussion on the true nature of this suspension sleeve for this patient's knee brace in the records provided. It is not clear why a medical device such as this would require a separate billable service for a suspension sleeve or any discussion of exactly what is being requested. Without a clearer picture of the true nature of this sleeve, or why it is required for this patient, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.