

Case Number:	CM15-0177670		
Date Assigned:	09/18/2015	Date of Injury:	03/14/2013
Decision Date:	12/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/09/2015

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: Preventive Medicine, Occupational 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:

This is a 25 year old male who sustained a work-related injury on 3-14-13. Medical record documentation revealed the injured worker was status post anterior cruciate ligament reconstruction of the left knee on 5-7-15. On 6-8-15, the injured worker exhibited a poor gait and was in a brace. He had marked quadriceps atrophy and an antalgic gait. Documentation on 7-8-15 revealed the injured worker had good range of motion and had quadriceps atrophy. Objective findings included range of motion to 120 degrees. He completed at least ten sessions of physical therapy from 6-1-15 through 7-6-15. A request for custom fitted knee derotation brace and uploader brace was received on 8-28-15. On 9-4-15, the Utilization Review physician determined custom fitted knee derotation brace and uploader brace was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom fitted knee derotation brace: 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.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In this case, there is no indication for the use of a custom fit knee brace. The injured worker is status post anterior cruciate ligament reconstruction of the left knee on 5-7-15 experiencing significant quadriceps atrophy due to the use of the brace. The request for custom fitted knee derotation brace is determined to not be medically necessary.

Unloader brace: 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.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/Unloader Braces for the Knee Section.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. The use of an unloader brace is recommended by the ODG for osteoarthritis. The injured worker is status post anterior cruciate ligament reconstruction of the left knee on 5-7-15 experiencing significant quadriceps atrophy due to the use of the brace. The request for Unloader brace is determined to not be medically necessary.