

Case Number:	CM15-0179788		
Date Assigned:	09/21/2015	Date of Injury:	08/15/2012
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 sustained an industrial injury on 8-15-12. The injured worker is undergoing treatment for right knee anterior cruciate ligament (ACL) tear, medial meniscal tear and possible lateral meniscal tear. Medical records dated 7-14-15 indicate the injured worker complains of right knee pain radiating "into the leg," and giving way. Physical exam dated 7-14-15 notes tenderness to palpation, positive McMurray sign and decreased range of motion (ROM). Exam is essentially unchanged from 6-2-15 exam. Treatment to date has included X-rays, magnetic resonance imaging (MRI) from 12-10-13 and reviewed 7-14-15 indicates anterior cruciate ligament (ACL) tear, medial meniscal tear and possible lateral meniscal tear, physical therapy, home exercise program (HEP), heat ice, Aleve and Motrin. The original utilization review dated 8-17-15 indicates the request for post op knee immobilizer right knee, post op anterior cruciate ligament (ACL) brace right knee and post op hinged knee brace right knee is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op knee immobilizer, right knee: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section / ACL injury rehabilitation.

Decision rationale: Per ODG (Knee section/ACL injury rehabilitation): Knee bracing after ACL reconstruction appears to be largely useless, according to a systematic review. Range-of-motion, strengthening, and functional exercises remain the cornerstone of postoperative ACL rehabilitation. The most important rehab for ACL surgery patients is to start physical therapy early and rigorously. Postoperative bracing did not protect against re-injury, decrease pain, or improve stability. Accelerated rehabilitation (starting at 3 weeks postoperatively rather than the traditional 3 months and intended to reduce the usual 6-month time for return to activity) was considered to be safe according to this review. The authors conclude that immediate postoperative weight-bearing, range of knee motion from 0 to 90 of flexion, and strengthening with closed-chain exercises are likely to be safe. They also suggest that starting eccentric quadriceps strengthening and isokinetic hamstring strengthening at week 3 after surgery may accelerate recovery. The reviewers found promising data for home-based rehabilitation for the motivated patient, but found doubtful support for neuromuscular training such as proprioceptive and balance training, perturbation training, and vibratory stimulation. (Kruse, 2012) This systematic review on methods of rehabilitation after ACL reconstruction, concluded that postoperative bracing had no benefit, accelerated strengthening improved outcomes, home-based rehabilitation was as successful over the long term, and there were some small short-term benefits to proprioceptive training. ODG evidence does not show the utility of a knee brace in the postoperative recovery after ACL reconstruction. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

Post op ACL brace, right knee: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section / ACL injury rehabilitation.

Decision rationale: Per ODG (Knee section/ACL injury rehabilitation): Knee bracing after ACL reconstruction appears to be largely useless, according to a systematic review. Range-of-motion, strengthening, and functional exercises remain the cornerstone of postoperative ACL rehabilitation. The most important rehab for ACL surgery patients is to start physical therapy early and rigorously. Postoperative bracing did not protect against re-injury, decrease pain, or improve stability. Accelerated rehabilitation (starting at 3 weeks postoperatively rather than the traditional 3 months and intended to reduce the usual 6-month time for return to activity) was considered to be safe according to this review. The authors conclude that immediate postoperative weight-bearing, range of knee motion from 0 to 90 of flexion, and strengthening

with closed-chain exercises are likely to be safe. They also suggest that starting eccentric quadriceps strengthening and isokinetic hamstring strengthening at week 3 after surgery may accelerate recovery. The reviewers found promising data for home-based rehabilitation for the motivated patient, but found doubtful support for neuromuscular training such as proprioceptive and balance training, perturbation training, and vibratory stimulation. (Kruse, 2012) This systematic review on methods of rehabilitation after ACL reconstruction, concluded that postoperative bracing had no benefit, accelerated strengthening improved outcomes, home-based rehabilitation was as successful over the long term, and there were some small short-term benefits to proprioceptive training. ODG evidence does not show the utility of a knee brace in the postoperative recovery after ACL reconstruction. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

Post op hinged knee brace, right knee: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section / ACL injury rehabilitation.

Decision rationale: Per ODG (Knee section/ACL injury rehabilitation): Knee bracing after ACL reconstruction appears to be largely useless, according to a systematic review. Range-of-motion, strengthening, and functional exercises remain the cornerstone of postoperative ACL rehabilitation. The most important rehab for ACL surgery patients is to start physical therapy early and rigorously. Postoperative bracing did not protect against re-injury, decrease pain, or improve stability. Accelerated rehabilitation (starting at 3 weeks postoperatively rather than the traditional 3 months and intended to reduce the usual 6-month time for return to activity) was considered to be safe according to this review. The authors conclude that immediate postoperative weight-bearing, range of knee motion from 0 to 90 of flexion, and strengthening with closed-chain exercises are likely to be safe. They also suggest that starting eccentric quadriceps strengthening and isokinetic hamstring strengthening at week 3 after surgery may accelerate recovery. The reviewers found promising data for home-based rehabilitation for the motivated patient, but found doubtful support for neuromuscular training such as proprioceptive and balance training, perturbation training, and vibratory stimulation. (Kruse, 2012) This systematic review on methods of rehabilitation after ACL reconstruction, concluded that postoperative bracing had no benefit, accelerated strengthening improved outcomes, home-based rehabilitation was as successful over the long term, and there were some small short-term benefits to proprioceptive training. ODG evidence does not show the utility of a knee brace in the postoperative recovery after ACL reconstruction. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.