

# MATUTECH, INC.

PO BOX 310069  
NEW BRAUNFELS, TX 78131  
PHONE: 800-929-9078  
FAX: 800-570-9544

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## Notice of Independent Review Decision

**DATE OF REVIEW:** February 23, 2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Custom knee brace

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Fellow American Academy of Orthopaedic Surgeons

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Office visits (09/02/11 – 12/08/11)
- PT (10/10/11 – 01/17/12)
- Diagnostics (11/23/11)
- Utilization reviews (12/30/11 – 02/08/12)
  
- Office visit (12/06/11)
- Utilization review (12/30/11)
  
- Utilization reviews (12/30/11 – 01/18/12)

ODG has been utilized for the denials.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who twisted her left knee on xx/xx/xx, while walking into the restroom. Her left foot stuck on the mat and twisted the knee in and out of place.

Following the injury, the patient was evaluated by for constant pain in the left knee. Examination showed a mild antalgic gait and restricted range of motion

(ROM) of the left knee. X-rays of the left knee were found to be negative. She was diagnosed left knee sprain. An ace wrap was applied to the left knee. prescribed diclofenac and recommended application of ice.

On follow-up, the patient reported that she was feeling better but had pain while walking. Examination showed restricted ROM and squatting to 110 degrees flexion. The patient was prescribed Motrin.

On September 23, 2011, evaluated the patient for intermittent left knee pain. Examination showed painful and restricted ROM. continued Motrin and recommended physical therapy (PT).

From October 10, 2011, through November 11, 2011, the patient attended eight sessions of PT consisting of therapeutic exercises and manual therapy.

On October 27, 2011, the patient reported a giving out sensation in her left knee. She also reported that the last few sessions had increased her pain. Examination showed mild tenderness, mild crepitus, a mild antalgic gait and restricted ROM. continued Motrin and recommended finishing the remaining PT sessions.

Magnetic resonance imaging (MRI) of the left knee performed on November 23, 2011, showed full-thickness tear of the proximal anterior cruciate ligament (ACL), an ACL remnant in the intercondylar notch, an anterior translation of the tibia relative to the femur, mild joint effusion and mild chondromalacia of the patellofemoral compartment.

reviewed the MRI findings, instructed the patient to use an ace for the left knee and referred the patient for an orthopedic consultation.

On December 6, 2011, an orthopedic surgeon, evaluated the patient for left knee complaints. The patient reported pain while walking especially at night. Examination showed mild effusion, crepitation to passive ROM, medial joint line pain, knee instability with a 1 to 2 plus Lachman test and 0-120 degrees ROM. reviewed the MRI findings and x-rays of the left knee and diagnosed torn ACL. He noted that the patient had some moderate instability that was not grossly unstable. gave three treatment options to the patient that included no treatment, rehabilitation and bracing and an ACL reconstruction.

From December 15, 2011, through January 12, 2012, the patient attended six sessions of PT.

On December 30, 2011, the request for custom knee brace was denied based on the following rationale: *"Office notes from December 6, 2011. Physical exam – obese, 190 pounds, left knee mild effusion, positive crepitus, positive instability with 1-2 plus Lachman test, ROM 0-125 degrees. November 23, 2011 MRI of the left knee: Proximal ACL tear, mild effusion, mild chondromalacia."* The reviewing physician recommended a prefabricated knee brace.

Per the letter dated January 5, 2012, stated that upon taking measurements for the prefabricated knee brace in physical therapy, the physical therapist determined based on visual analysis of standing posture, based on the valgus

deformity in her knee, she would benefit more appropriately from a customized ACL brace. The prefabricated knee brace was designed for someone with a relatively straight leg. Unfortunately this did not fit the patient's description of her valgus knee. She would more than likely have discomfort with this prefabricated brace secondary to the valgus in her knee and might not give her the appropriate support that her knee required. opined that in order for the patient to be compliant with long-term wearing the knee brace, it would need to fit her well and be a customized knee brace.

On January 17, 2012, the patient attended a session of PT consisting of 30 minutes of therapeutic exercises.

On January 18, 2012, denied the appeal for the request of custom knee brace based on the following rationale: *"I have reviewed the letter of reconsideration that based the request on PT visualization. I do not see prior documentation of genu valgus and December 6, 2011, note reports that anteroposterior, lateral sunrise and weightbearing left knee x-rays are negative There is no report of radiographic evidence of valgus deformity."*

On January 19, 2012, evaluated the patient for left knee complaints. Examination showed improved ROM. It was noted that the patient could walk at a slower gait but without problem or pain. However, fast walking and climbing increased the pain. noted that the patient had somewhat improved but she needed better stability and the brace would help that. She needed further strengthening and PT would help that. opined that if these two parameters were met, then the patient might be treated with non-operative conservative modalities.

In the following visit, opined that the patient was not capable of using a simple, off-the-shelf brace. Off-the-shelf braces were not designated to support ACL and they do not supply the rotational stability. Also the patient had a conical leg which was very difficult to fit with an off-the-shelf brace. further added that the patient needed extensive strengthening of the leg in order to gain strength and be symbiotic to the loss of the ACL.

On February 8, 2012, the request for six sessions of rehabilitation which included home exercise program (HEP) was approved.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

THE REQUEST IS FOR A CUSTOMIZED BRACE FOR A KNEE WITH ACL INSTABILITY. IT IS NOTED BY NOTE FROM DECEMBER 6, 2011, THAT THE PATIENT HAS A LOW DEMAND KNEE. IT IS NOTED IN THE ODG GUIDES THAT THERE ARE NO HIGH QUALITY STUDIES THAT SUPPORT OR REFUTE THE BENEFITS OF KNEE BRACES FOR AN ACL TEAR. BRACES NEED TO BE USED IN CONJUNCTION WITH A REHABILITATION PROGRAM AND IS NECESSARY ONLY IF THE PATIENT IS GOING TO BE STRESSING THE KNEE UNDER LOAD. ON BOTH OF EVALUATIONS AS WELL AS THE RADIOGRAPHIC EVALUATIONS, THERE IS NO DOCUMENTATION OF A VALGUS DEFORMITY REQUIRING A PREFABRICATED KNEE BRACE. BASED ON THIS INFORMATION, THE NEED FOR AN ACL BRACE FOR THIS,

LOW DEMAND PATIENT DOES NOT APPEAR TO BE REASONABLE OR NECESSARY.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES