

IMED, INC.  
2150 S. Central Expressway\* Suite 200-262 \* McKinney, TX 75070  
Office: 469-219-3355 \* Fax: 469-219-3350 \*  
email: [imeddallas@msn.com](mailto:imeddallas@msn.com)

Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**08/12/2014**

**IRO CASE #:**

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

**1. Right knee ACL brace.**

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

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

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female with a reported injury date on xx/xx/xx. An MRI of the right knee performed on 04/04/2014 was noted to reveal a full thickness tear of the ACL with associated bone contusions, tear of the posterior horn of the medial meniscus, and joint effusion. The procedure note dated 04/22/2014 noted the patient underwent a right ACL reconstruction with hamstring autograft, right medial meniscus repair, and right lateral meniscectomy. The progress note dated 05/02/2014 noted the patient was being seen for a postoperative visit. It was noted the patient had no unusual complaints. In addition, it was noted that the patient has been recovering at home, had been receiving physical therapy, was taking pain medication, and had been doing partial weight-bearing with crutches. On physical examination of the right knee, it was noted there was diffuse tenderness, medial joint line tenderness, and mild limitation of range of motion. It was also noted there was a grade I Lachman's with good end point, and strength was measured 5/5.

Sensation to the right lower extremity was intact to pinprick and light touch. The physical therapy history and physical dated 05/05/2014 noted the patient had complaints of 7/10 pain to the right knee. On physical examination, it was noted that the patients range of motion was measured at extension -10 degrees and flexion 50 degrees, knee strength was 3-/5, and hip strength was 4-/5. The physical therapy history and physical dated 06/30/2014 noted that the patient had continued complaints of pain to the right knee rated 5/10. On physical examination, it was noted that range of motion was measured at extension of 0 degrees and flexion of 105 degrees. In addition, it was noted the hip strength was measured at 4-/5 and the knee strength was 3+/5. It was noted because the patient was not able to tolerate flexion stretches she may end up needing manipulation.

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

The Official Disability Guidelines state that the use of bracing after anterior cruciate ligament reconstruction is not supported by evidence of improved outcome including measurements of pain, range of motion, graft stability, or protection from injury. In addition, the guidelines state that knee bracing after ACL reconstruction appears to be largely useless as postoperative bracing did not protect against re-injury, decrease pain, or improve stability. However, the guidelines do state that the patients may be recommended for knee braces if there is evidence of knee instability and/or ligament insufficiency/deficiency. As there is lack of evidence indicating knee instability, ligament insufficiency, and/or ligament deficiency, the request for ACL brace is non-certified.

**IRO REVIEWER REPORT TEMPLATE -WC**

---

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Treatment Index, 11th Edition (web), 2014, Knee, Knee Brace.