

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/26/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 6/21/2012
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0008551

- 1) MAXIMUS Federal Services, Inc. has determined the request for Arthroscopy and debridement with ACL repair of the left knee and surgical assistant **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Arthroscopy and debridement with ACL repair of the left knee and surgical assistant is **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 29-year-old who slipped and fell landing on her knee on 06/21/12. A meniscus tear of the left knee, anterior cruciate ligament (ACL) tear, loose body in the knee and a joint contracture were diagnosed. On 10/02/12 the patient underwent a left knee arthroscopic partial lateral meniscectomy, excision of the medial plica and patellofemoral chondroplasty. Postoperatively the patient treated with physical therapy, a TENS (Transcutaneous Electrical Nerve Stimulation) unit, moist heating pad, activity modification and topical creams. An MRI of the left knee on 07/16/13 revealed no cruciate or collateral ligament tear or articular surfacing meniscal tear. Mild diffuse increased signal intensity was again seen throughout the ACL (Anterior Cruciate Ligament) which may be secondary to degenerative signal changes or an old low-grade sprain, without focal tear. There was a re-demonstrated very mild chondral thinning along the femoral trochlea without interval change and minimal cartilage thinning along the posterior margin of the medial femoral condyle. There was no focal high-grade cartilage defect within the left knee. Dr. [REDACTED] saw the patient on 07/24/13 for complaints that the left knee buckles and gives way, instability, weakness, swelling and stiffness to the left knee. Examination of the left knee showed mild tenderness and swelling over the medial and lateral joint lines and patella. McMurray and Apley tests were positive. There was no laxity of the ACL. She had painful pivot shift and varus stress tests. Flexion was 110 degrees and extension 0 degrees. Flexor and extensor strength was 4/5. An arthroscopy and debridement with ACL repair of the left knee and an assistant surgeon, postoperative therapy, and light duty were recommended. The patient attended 4 additional therapy visits between 08/19/13 and 09/16/13. Dr. [REDACTED] denied the requested surgery on a 08/02/13 review due to the lack of documentation that she had tried and failed conservative treatment. At the 08/26/13 followup she reported her left knee was constantly giving way and was with weakness, swelling, stiffness and pain.

An exam of the left knee showed mild tenderness and swelling over the medial and lateral joint lines and patella. McMurray and Apley tests were positive. There was no laxity of the ACL. The patient had painful pivot shift and various stress tests and tenderness over the patella. Flexion was 110 degrees and extension 0 degrees. Flexor and extensor strength were 4/5. Surgery was again recommended.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

1) Regarding the request for Arthroscopy and debridement with ACL repair of the left knee and surgical assistant:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13, pages 344 – 345, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13, pages 343 – 344, which is part of the MTUS, and Milliman Care Guidelines® Inpatient and Surgical Care 17th Edition, which is not part of the MTUS.

Rationale for the Decision:

The question posed is whether an arthroscopic debridement with anterior cruciate ligament repair of the left knee as well as a surgical assistant is medically necessary. This is a 29-year-old female who was injured in June 2012. She sustained both a meniscal tear and an anterior cruciate ligament tear. She underwent an arthroscopic evaluation with meniscectomy following which she was treated with therapy. She has an anterior cruciate ligament deficient knee. The anterior cruciate ligament was not repaired initially. She is complaining of functional instability and giving way. In light of her anterior cruciate ligament deficiency with mechanical symptoms of instability, it would be appropriate to proceed with an anterior cruciate ligament reconstruction. She had a painful pivot shift test. An assistant surgeon would be indicated for the procedure. She has been treated to date with therapy and a TENS unit. Thus, she appears to have failed conservative treatment. Due to the duration of her symptoms and anterior cruciate ligament deficiency, this would be approved and an assistant surgeon would be appropriate. **Therefore, the request for Arthroscopy and**

debridement with ACL repair of the left knee and surgical assistant **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dat

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]