

Case Number:	CM13-0008796		
Date Assigned:	09/16/2013	Date of Injury:	05/21/2003
Decision Date:	01/13/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 50 year old male injured May 21, 2003. The clinical records reviewed include a June 24, 2013 assessment with [REDACTED]. The clinical records states that the claimant continues to have given away symptoms that are quite painful causing recurrent swelling to his knee. The clinical record goes on to state this has been going on for "several years" he states he uses a brace which has been helpful. The claimant has utilized physical therapy and corticosteroid injections and wishes to proceed with "definitive treatment." The physical examination shows an effusion, 0-120 degrees motion; a marked anterior drawer and Lachman's test with mild lateral joint line tenderness and 0-120 degrees range of motion. The radiographs showed degenerative changes to the lateral compartment. A working assessment was of chronic anterior cruciate ligament insufficiency and lateral compartment osteoarthritis to the knee. An anterior cruciate ligament reconstruction was recommended with a partial knee replacement with "arthrosurface" to replace the claimant's femoral condyle. The medical records indicate that the claimant will ultimately require total joint replacement. Imaging includes an MRI scan June 19, 2003 that showed a proximal tear to the medial collateral ligament, meniscal tearing involving the lateral meniscus, irregularity of the body of the medial meniscus and moderate degenerative arthritis described as "prominent for the claimant's age", and complete tearing of the anterior cruciate ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition, Assistant Surgeon.

Decision rationale: The Physician Reviewer's decision rationale: Based on the Milliman Care Guidelines, the role of an assistant surgeon is not indicated as the need for operative intervention in this case has not been established. The request for a Assistant Surgeon is not medically necessary and appropriate.

Inpatient one day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp(TWC), 18th Edition, 2013 Updates, Knee Procedure.

Decision rationale: The Physician Reviewer's decision rationale: According to the Official Disability Guidelines (ODG), inpatient stay would not be indicated. The role of surgical intervention has not been established per the clinical records. The request for an inpatient stay for one day is not medically necessary and appropriate.

ACL recontruction and partial knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Worker's Comp , 18th Edition, 2013 Updates, Knee Procedure.

Decision rationale: The Physician Reviewer's decision rationale: The CA MTUS states, "Especially in cases involving partial ACL tears, substantial improvement in symptoms may occur with rehabilitation alone. In complete tears, consideration should be given to the patient's age, normal activity level, and the degree of knee instability caused by the tear". Based on CA MTUS/ACOEM Guidelines and Official Disability Guidelines criteria, anterior cruciate ligament reconstruction in conjunction with a partial knee replacement would not be indicated. The employee's clinical imaging demonstrates moderate underlying osteoarthritis and chronic anterior cruciate ligament pathology. The role of a dual procedure to reconstruct the employee's anterior cruciate ligament in the setting of a lateral partial knee replacement procedure is not

supported by the clinical literature. The request for an ACL Reconstruction and partial knee replacement with arthrosurface system are not medically necessary and appropriate.

Physical therapy for right knee, #16: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Based on the CA MTUS Post Operative Rehabilitative Guidelines sixteen sessions of post operative therapy is not indicated as the need for operative intervention has not been established. The request for Physical Therapy for right knee two times a week for eight weeks is not medically necessary and appropriate.

Cold therapy unit, rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Worker's Comp , 18th Edition, 2013 Updates, Knee Procedure.

Decision rationale: The Physician Reviewer's decision rationale: According to the Official Disability Guidelines (ODG), a cryotherapy device is not indicated. The need for operative intervention in this case has not been established thus negating the need for the role of postoperative cryotherapy. The request for a DME Rental -Cold Therapy Unit is not medically necessary and appropriate.

Knee brace, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Worker's Comp , 18th Edition, 2013 Updates, Knee Procedure.

Decision rationale: The Physician Reviewer's decision rationale: The CA MTUS states, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical". Official Disability Guidelines also address the use of a brace in the setting of instability. In this case the role of surgical intervention has not been established thus the need for postoperative immobilization with a knee brace would not be

indicated. The request for a DME Purchase-Knee Brace Post-Operative is not medically necessary and appropriate.