

Case Number:	CM13-0020725		
Date Assigned:	10/11/2013	Date of Injury:	08/16/2011
Decision Date:	02/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/05/2013

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 patient is a 47-year-old gentleman who was injured in a work related accident on 08/16/11. The progress report of 08/07/13 with [REDACTED] indicates the claimant is status post an ACL reconstruction with current subjective complaints of continued pain about the knee, worsening in nature and worse with prolonged weightbearing. Objective findings showed the knee to be with tenderness about the medial joint line, with restricted range of motion and no other findings documented. Reviewed was a 06/21/13 MRI report that showed prior ACL reconstruction with degeneration of the graft, but no tearing, no ligamentous tearing, a small joint effusion, and an oblique tear noted to the posterior horn of the medial meniscus. Given the claimant's current clinical presentation, a left knee arthroscopy with meniscectomy and revision ACL reconstruction was being recommended for further treatment. Prior and recent clinical conservative care is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy medial meniscectomy and notch-plasty versus possible revision ACL reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 345-345.

Decision rationale: Based on California ACOEM Guidelines, a revision procedure to the ACL with meniscectomy would not be indicated. Guideline criteria for ACL reconstruction is generally only warranted for claimants who are significantly unstable with MR evidence of complete ligamentous tearing. First and foremost, the claimant's MRI scan does not demonstrate significant re-tear to the graft and second the claimant's physical examination findings do not demonstrate clinical instability. The absence of the above would fail to necessitate the surgical process as requested.

Post Operative Rehabilitation: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy in the postoperative setting would not be indicated as the need for operative intervention in this case has not yet been established.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, postoperative use of crutches are not indicated as the role of surgical process has not been established.