

Case Number:	CM13-0027155		
Date Assigned:	11/22/2013	Date of Injury:	06/22/2013
Decision Date:	08/29/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 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 injured worker is a 38-year-old female who reported an injury on 06/22/2013. The mechanism of injury involved a fall. The current diagnosis is right knee anterior cruciate ligament tear. The injured worker was evaluated on 07/29/2013 with severe pain and discomfort in the right knee. Previous conservative treatment includes a knee immobilizer and anti-inflammatory medications. The current medication regimen includes ibuprofen. Physical examination on that date revealed notable swelling, effusion, a positive McMurray's sign, positive grind testing, positive Apley's testing, 0 to 125 degrees of range of motion with notable pain and an antalgic gait. The injured worker utilized crutches for ambulation assistance. Treatment recommendations at that time included a reconstruction of the anterior cruciate ligament. It is noted that the injured worker underwent an MRI of the right knee on 07/12/2013, which indicated a full thickness anterior cruciate ligament tear, high grade partial thickness versus full thickness medial collateral ligament tear and a full thickness medial patellar retinaculum tear with a bucket handle tear of the lateral meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION FOR THE RIGHT KNEE:
Overturned

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): 343-345.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral for a surgical consultation may be indicated for patients who have activity limitations for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. Anterior cruciate ligament reconstruction is warranted only for patients who have significant symptoms of instability caused by Anterior Cruciate Ligament (ACL) incompetence. It is important to confirm the clinical findings with MRI evidence of a complete tear in the ligament. As per the documentation submitted for this review, the injured worker has been previously treated with a right knee immobilizer and anti-inflammatory medications. Despite conservative treatment, the injured worker continues to report severe pain and discomfort in the right knee. The injured worker's physical examination does reveal notable swelling, effusion, a positive McMurray's sign, a positive grind sign, positive Apley's testing, painful range of motion and an antalgic gait. The injured worker currently utilizes crutches for ambulation assistance. Given the injured worker's persistent symptoms despite conservative treatment, positive physical examination findings and positive imaging findings of a full thickness anterior cruciate ligament tear; the current request can be determined as medically appropriate in this case. As such, the request is medically necessary and appropriate.

POST-OPERATIVE KNEE BRACE FOR THE RIGHT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340. Decision based on Non-MTUS Citation Occupational medicine practice guidelines.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a brace can be used for patellar instability, an Anterior Cruciate Ligament (ACL) tear or Medial Collateral Ligament (MCL) instability. The injured worker does maintain a diagnosis of an anterior cruciate ligament tear of the right knee. The injured worker has been issued authorization for an ACL reconstruction of the right knee. Therefore, the medical necessity for the requested postoperative durable medical equipment can be determined as medically appropriate in this case. As such, the request is medically necessary and appropriate.

CRUTCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aid.

Decision rationale: The Official Disability Guidelines state that walking aids are recommended as indicated. Although the injured worker has been issued an authorization for an anterior cruciate ligament reconstruction of the right knee, the injured worker currently utilizes crutches for ambulation assistance. The medical necessity for an additional pair of crutches has not been established. As such, the request is not medically necessary and appropriate.

POST-OPERATIVE PHYSICAL THERAPY (3) TIMES A WEEK FOR (4) WEEKS FOR THE RIGHT KNEE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 25.

Decision rationale: The California MTUS Guidelines state that the initial course of therapy means 1/2 of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The injured worker has been issued authorization for a right knee ACL reconstruction. Postsurgical treatment following an ACL reconstruction includes 24 visits over 16 weeks. Therefore, the current request for 12 sessions of postoperative physical therapy for the right knee does fall within the guideline recommendations. As such, the request is medically necessary and appropriate.