

Case Number:	CM13-0039355		
Date Assigned:	12/18/2013	Date of Injury:	02/11/2011
Decision Date:	02/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/04/2013

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 33-year-old gentleman who sustained an injury to the left knee on 02/11/11. Records for review included a prior operative report of 03/30/11 identifying the claimant underwent a left knee arthroscopy, ACL reconstruction with tibialis allograft, and partial synovectomy. Due to continued complaints of postoperative pain, a 09/06/13 MR arthrogram of the left knee was performed that showed changes consistent with prior anterior cruciate ligament repair with medial compartment degenerative changes and no other significant findings. A 09/24/13 follow up assessment with [REDACTED], documented a diagnosis of arthrofibrosis following left knee ACL reconstruction noting a physical examination with negative Lachman, negative anterior drawer, 5/5 motor strength, positive patellar apprehension, and motion from 15 to 125 degrees. Based on failed postoperative care that included over 90 sessions of physical therapy, surgical intervention was recommended in the form of a knee arthroscopy, lateral retinacular release, a partial retinacular release, and a manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee arthroscopic eval, arthroscopic anterior interval release, full lateral release, partial medical retinacular release, MUA and excision of scar tissue: 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. Decision based on Non-MTUS Citation Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates knee procedure.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the claimant would not meet clinical guideline criteria for the surgical process in question. Manipulation under anesthesia is not recommended for arthrofibrosis or status post an ACL reconstruction. Furthermore, clinical records in this case would not support an indication for a lateral retinacular release given that there is no history of patellar subluxation or formal physical examination to the kneecap that would be consistent with need of operative intervention. At last assessment, the claimant's motion was to 125 degrees of flexion. The absence of physical examination findings and imaging findings to support the need of surgical process would fail to necessitate its need at this time

pre-op medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, preoperative medical clearance would not be indicated as the need for operative intervention has not been supported.

12 post-op PT sessions for left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 sessions of physical therapy would not be indicated as the need for surgical intervention has not yet been supported.

14 day rental of CPM: Upheld

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

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

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a CPM unit in this case would not be indicated as the need for operative intervention has not been established.

90 day rental of E-Stim: 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): 339.

Decision rationale: Based on California MTUS Guidelines, a TENS unit would not be indicated. The need for surgical process in question has not been established, thus, negating the need of this postoperative device.

Purchase of cold therapy unit: Upheld

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

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

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines, cryotherapy device for purchase would not be indicated. The surgical process in this case has not been established, thus, negating the need of this postoperative device

1 T-ROM brace for left knee: 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): 340.

Decision rationale: Based on California ACOEM Guidelines, a brace to the left knee would not be indicated. The claimant currently does not have an indication for use of a brace. The surgical process in this case has not been deemed necessary, thus, negating the need of this postoperative device.

1 pair of crutches: Upheld

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

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

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, crutches would not be indicated. The claimant's surgical process has not yet been established by clinical records. This would negate the need for the postoperative use of crutches.