

Case Number:	CM13-0044131		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2011
Decision Date:	04/18/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 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:

Patient is a 63 year old male with an industrial injury on 4/18/11. In 2003 the patient had left knee ACL reconstruction with a hamstring allograft. X-ray from 6/13/11 demonstrates a satisfactory appearance post ACL replair on the left knee with cross-pin distal femur, a small joint effusion and equivocal medial compartment narrowing with minimal spurring medially on the left. MRI from 6/13/11 shows a complete tear of the anterior crutiante ligament graft. Also shows a large horizontal tear medial meniscus, grade 2 chondromalacia of the patella. Exam notes from 10/10/13 demonstrate complaints of left knee instability and episodes of having the left knee give away. Exam on the left knee demonstrates extension is 0 degrees, flexion is 135 degrees, with 2+ anterior drawers and soft endpoint, +2 Lachman's with soft endpoint and positive pivot, and positive medial joint line tenderness and pain with McMurrays test. Request for left knee revision, ACL reconstruction with allograft, partial medial meniscectomy, chondroplasty. Report of possible abrasion arthroplasty and removal of hardware encountered.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE REVISION, ACL RECONSTRUCTION WITH ALLOGRAFT, PARTIAL MEDIAL MENISCECTOMY, CHONDROPLASTY. POSSIBLE ABRASION ARTHROPLASTY AND REMOVAL OF HARDWARE IF ENCOUNTERED A FEMORA CROSS PIN. LOS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG (ACUTE & CHRONIC) PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG, ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION.

Decision rationale: Based upon the records submitted there is insufficient evidence of conservative care being performed including bracing. In addition the claimant is greater than 60 years of age which is outside of the ODG criteria for ACL reconstruction. Therefore the determination is for non-certification.

PRE-OP CHEST X-RAY, EKG, AND CARDIAC STRESS TEST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG (ACUTE & CHRONIC) PROCEDURE SUMMARY.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is non-certified, the determination is for non-certification of preoperative chest xray, ekg and cardiac stress test.