

Case Number:	CM13-0058919		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2008
Decision Date:	11/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/27/2013

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:

This is a 42-year-old gentleman who sustained an injury to his right knee on 10/28/08. The clinical records provided for review included the report of an MRI dated 11/23/12 that identified soft tissue scarring of the distal patellar tendon related to the ongoing stress changes of Osgood-Schlatter's Disease. There was also evidence of a prior healed posterior cruciate ligament sprain but no evidence of definitive meniscal tearing or anterior cruciate ligament injury. The progress report dated 07/01/13 described ongoing complaints of knee pain with crepitation, tenderness over the medial femoral condyle, a positive Lachman's, and valgus laxity. The progress report documented that the claimant had failed conservative care of viscosupplementation injections, medication management, physical therapy, and immobilization and recommended "right knee arthroscopy, debridement, chondroplasty, and ligamentous reconstruction." Documentation of telephone correspondence with the treating provider's physician's assistant on 11/08/13 indicated that the claimant had previously undergone lateral retinacular release with arthroscopic chondroplasty in 2009; there was no documentation of further imaging studies. The documentation of telephone correspondence stated that the need for ligamentous reconstruction of the anterior cruciate ligament was based on the claimant's physical examination findings at the last clinical assessment. No other clinical records were available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy Debridement, Chondroplasty, Ligamentous Reconstruction Extra Articular: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344.

Decision rationale: The California ACOEM Guidelines do not recommend the request for right knee arthroscopy, debridement, chondroplasty, ligamentous reconstruction extra articular as medically necessary. Surgery for anterior cruciate ligament reconstruction has been recommended based on the claimant's objective findings on physical examination of a positive Lachman's. The imaging study provided for review does not show any evidence of anterior cruciate ligament tearing or injury that would support the need for arthroscopic assisted anterior cruciate ligament reconstruction. The requested surgery, in absence of formal imaging demonstrating ligamentous tearing, cannot be supported. Therefore, this request is not medically necessary.