

Case Number:	CM13-0060605		
Date Assigned:	12/30/2013	Date of Injury:	08/29/2011
Decision Date:	04/18/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Pennsylvania. 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 46 year old claimant has a date of injury of 08/29/11. He sustained a left knee injury and has been treated for left knee pain. An MRI was performed nine months following the injury which identified the question of an ACL strain and degenerative changes. The claimant underwent arthroscopy on August 6, 2012 and a lateral meniscectomy was performed. [REDACTED] notes from May and June 2013 documented negative anterior drawer and Lachman's test. In November of 2013, the claimant saw [REDACTED] with complaints of the left knee giving way and [REDACTED] felt that there was a positive Lachman's, positive anterior drawer and positive Pivot shift test. He felt the ACL was completely torn and recommended ACL reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POSTOP PHYSICAL THERAPY LEFT KNEE X12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LEFT KNEE ARTHROSCOPY, ACL RECONSTRUCTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The ACOEM Guidelines support anterior cruciate ligament reconstruction for claimants with significant symptoms of instability caused by ACL incompetence. There should be a history of frequent giving way episodes, positive findings on physical examination, and a positive MRI study. It is appropriate to try conservative care prior to proceeding to surgery as many claimants can live with incompetence of the anterior cruciate ligament. In this case there is no documentation of an anterior cruciate ligament tear by history, examination, or the previous MRI and arthroscopy which were performed. It is only until the November 2013 office visit that there are findings of an anterior cruciate ligament tear by history and examination. There is no documentation of conservative care for knee instability nor has an MRI been performed that demonstrated a new ACL tear. Absent convincing evidence of ACL tear by MRI and a failure of conservative care directed toward an ACL tear, ACL reconstruction is not medically necessary and appropriate.