

Case Number:	CM13-0063665		
Date Assigned:	12/30/2013	Date of Injury:	12/01/2007
Decision Date:	08/06/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/10/2013

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:

The claimant is 69-year-old male who injured the right knee in a work related accident on December 1, 2007. Clinical records provided for review specific to the claimant's right knee document that the claimant is status post two failed ACL reconstructions; the first in December of 2009 and the second in June of 2011. A third surgical process took place on May 14, 2013 in the form of a right knee arthroscopy, removal of loose body, synovectomy, partial lateral meniscectomy and iliac crest autografting for purposes of a staged procedure for future ACL reconstruction. The follow up report of October 29, 2013 notes that the claimant's right knee pain was resolving, and he was performing a home exercise program for strengthening and stretching. Physical examination showed normal range of motion and improved musculature. Plain film radiographs performed on that date were documented to show incorporated bone grafting. Revision ACL reconstruction utilizing allograft was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) RIGHT KNEE ACL RECONSTRUCTION WITH ALLOGRAFT: Upheld

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

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

Decision rationale: The ACOEM Guidelines do not support the request for ACL reconstruction with an allograft procedure. This individual has had two prior ACL reconstructions with less than satisfactory outcome. While it is documented that the claimant did undergo a May 2013 surgical process for the purpose of restoring stock bone, there is currently no significant documentation of clinical instability or true assessment of the claimant's underlying degenerative findings to support the acute need of ACL reconstruction. ACOEM Guidelines indicate that ACL reconstructions have limited benefit in individuals greater than 50 years old. The request for a third ACL reconstruction would not be supported. As such, the request is not medically necessary and appropriate.

TWENTY FOUR (24) POST-OPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

X-RAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 13, 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

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