

Case Number:	CM13-0072259		
Date Assigned:	01/22/2014	Date of Injury:	10/24/2012
Decision Date:	04/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 a 30 year old male injured in a work related accident October 24, 2012. The clinical records pertaining to the claimant's right knee revealed that he was injured while falling off a horse during a stunt. The records also documented prior surgeries for the right knee on January 16, 2013 performed by [REDACTED] for an "arthroscopic synovectomy three compartments with extensive anterior interval release" and arthroscopic medial and lateral retinacular release. The preoperative diagnosis was arthrofibrosis of anterior cruciate ligament, sprain and synovitis. A November 15, 2013 assessment documented continued difficulty, pain and instability but no physical examination findings were noted. A postoperative MRI of the right knee dated October 18, 2013 showed postoperative changes with signal changes to the medial meniscus, the anterior cruciate ligament appeared intact, and a small knee joint effusion. Given the ongoing issues, an anterior cruciate ligament reconstruction with allograft tendon, meniscal debridement verses repair and chondroplasty was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ACL RECONSTRUCTION WITH ALLOGRAFT TENDON, MENISCUS DEBRIDEMENT VS. REPAIR, CHONDROPLASTY: 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): 3443-345.

Decision rationale: Based on the CA ACOEM Guidelines, the surgical request to include anterior cruciate ligament reconstruction with the meniscal procedure cannot be recommended as medically necessary. The recent MRI report provided for review documents an intact anterior cruciate ligament with no documentation of acute clinical findings supportive of the need for reconstruction at this point. Given the claimant's current clinical picture the role of surgical reconstruction of the anterior cruciate ligament would not be supported.

TWELVE (12) VISITS OF POST-OPERATIVE PHYSICAL THERAPY: 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

POST-OPERATIVE BRACE: 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. POST-OPERATIVE BRACE

A CONTINUOUS PASSIVE MOTION (CPM) MACHINE: 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.

COLD THERAPY: 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.

CRUTCHES: 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.

POST-OPERATIVE BRACE: 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.

FUNCTIONAL KNEE BRACE: 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.