

Case Number:	CM14-0006814		
Date Assigned:	02/07/2014	Date of Injury:	11/14/2013
Decision Date:	07/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/15/2014

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, has a subspecialty in Shoulder and Elbow 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 injured worker is a 36-year-old male who reported an injury on 11/14/2013. The mechanism of injury was the injured worker stumbled down a flight of stairs. The injured worker underwent an MRI of the left knee without intravenous (IV) contrast on 11/21/2013, which revealed the injured worker had an anterior cruciate ligament tear, most likely a high grade partial tear with intact lateral fibers noted. The injured worker had a moderate sized joint effusion. The medial and lateral menisci were normal in morphology and signal characteristics. The posterior cruciate ligament was intact. The documentation of 12/02/2013 revealed that the injured worker had left knee persistent pain, swelling, stiffness, and giving way. The pain was rated a 4/10. The injured worker had effusion on the left knee. The injured worker had a positive Lachman's and pivot shift test. The diagnoses included an MRI scan confirmed left knee anterior cruciate ligament (ACL) tear on 11/21/2013 status post the injury. The treatment plan included a left knee arthroscopic evaluation, and arthroscopic ACL reconstruction followed by four to six (4 to 6) months of recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC/OPERATIVE KNEE ARTHROSCOPY, POSSIBLE ARTHROSCOPIC MENISCECTOMY VERSUS REPAIR, ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION WITH PATELLA TENDON AUTOGRAFT: 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), Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345.

Decision rationale: The MTUS/ACOEM Guidelines indicate that surgical considerations are appropriate for injured workers who have activity limitation for more than one (1) month and the failure of an exercise program to increase range of motion and strength of the musculature around the knee. They indicate that anterior cruciate ligament reconstruction is warranted for injured workers who have significant symptoms of instability caused by anterior cruciate ligament (ACL) incompetence. Additionally, they indicate that anterior cruciate ligament tears often are followed by an immediate effusion of the knee. A history of frequent giving way episodes or falls during activities that involve knee rotation is consistent with the condition. Physical examination should include clear signs of instability, such as a positive Lachman's, drawer, and pivot shift test. Additionally, there should be documentation per an MRI of a complete tear in the ligament. They additionally indicate that an arthroscopic partial medial meniscectomy is appropriate when there is clear evidence of a meniscus tear including symptoms other than simply pain, such as locking, popping, giving way, or recurrent effusion. There should be documentation of a bucket handle tear on examination and consistent findings on an MRI. The clinical documentation submitted for review indicated the injured worker had an anterior cruciate ligament tear that was most likely a high grade partial tear with intact lateral fibers. The medial and lateral menisci were noted to be within normal limits. The injured worker had a positive Lachman's and pivot shift test. However, there was a lack of documentation that all conservative care had been exhausted. Additionally, there was a lack of documentation indicating which procedure was being requested. Given the above, and the lack of clarification, the request for diagnostic/operative knee arthroscopy, possible arthroscopic meniscectomy versus repair, anterior cruciate ligament reconstruction with patella tendon autograft is not medically necessary.

POST-OPERATIVE PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 UNIT: 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: 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.

T-ROM BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

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.

KNEE CONTINUOUS PASSIVE MOTION (CPM) UNIT: 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: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

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.

E-STIM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 and 116.

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.

PRE-OPERATIVE MEDICAL CLEARANCE: 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), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic); and ACC/AHA 2007 Guidelines.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

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.