

Case Number:	CM14-0107161		
Date Assigned:	08/01/2014	Date of Injury:	03/21/2014
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/10/2014

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 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:

The claimant is a 37-year-old female who injured her right knee on March 21, 2014. The records provided for review include the report of an MRI of the right knee dated April 24, 2014 that identified a high grade, chronic partial tearing of the anterior cruciate ligament with small tearing of the articular surface and peripheral horn of the medial meniscus. Follow up assessment of May 20, 2014 describes continued buckling and popping with associated instability. Physical examination showed motion from 0 to 130 degrees, a positive Lachman, anterior drawer and pivot testing, medial joint line tenderness and a positive McMurray's testing. It was documented that the claimant's body mass index was 44 and that imaging was hindered due to her morbid obesity. The medical records do not document conservative care since time of injury. The treating physician recommended surgery for ACL reconstruction and meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bledsoe Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for postoperative bracing is also not medically necessary.

Anterior Cruciate Ligament Reconstruction using Tibial Arterial Cadaver Graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-5.

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

Decision rationale: California ACOEM Guidelines do not recommend the need for ACL reconstruction in this case. The documentation indicates that the claimant's MRI findings are chronic in nature at the ACL. It is also documented that the imaging findings were compromised due to morbid obesity and body habitus. There is also no documentation of conservative treatment offered to the claimant since the time of injury. Without documentation of conservative measures, the acute need of a reconstructive procedure for the claimant's chronic ACL findings would not be supported. Therefore, this request is medically not necessary.

Partial Medial Meniscectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

Decision rationale: The proposed surgery for ACL reconstruction is not recommended as medically necessary. This would negate the meniscal portion of the requested surgery due to the lack of documentation of conservative care in this individual since time of injury.

12 Point Post Operative PT Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed surgical procedure is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.