

Case Number:	CM14-0110221		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2003
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/15/2014

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 Family Medicine, 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:

42 year old female had a date of injury 2/3/2003. Patient had repeated bending, stooping, and kneeling which led to cumulative injury to her right knee. Medical records show treating physician was unable to do a Lachmans test or pivot shift to determine the ACL due to the inability of the patient to relax. An MRI done on 12/9/2013 showed findings suggestive of an anterior cruciate ligament sprain, normal posterior cruciate, hyper intensity in the ACL and slightly dysmorphic changes in the ACL. Patient had two right knee arthroscopy surgeries by other physicians in 2004 and 2006. Patient continues to experience pain. Patient uses Lidoderm patches for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with meniscectomy and Anterior Cruciate Ligament (outpatient surgery): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 344.

Decision rationale: According to guidelines anterior cruciate ligament reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. The physical examination may reveal clear signs of instability as shown by positive Lachman, drawer, and pivot-shift tests. It is important to confirm the clinical findings with MRI evidence of a complete tear in the ligament. Especially in cases involving partial ACL tears, substantial improvement in symptoms may occur with rehabilitation alone. According to the patients' medical records the MRI does not show a complete or partial tear and physical exam did not show a positive Lachman, drawer or pivot shift test. The request is not medically necessary.

Post-operative Physical Therapy 3x4 weeks: 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.