

Case Number:	CM14-0112574		
Date Assigned:	08/01/2014	Date of Injury:	11/08/2013
Decision Date:	09/11/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/18/2014

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 Texas. 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 55-year-old male who reported an injury on 11/08/2013. The mechanism of injury was a motor vehicle accident. Prior treatments included physical therapy and bracing. The medications were not provided. The documentation of 01/14/2014 revealed the injured worker had occasional giving-way and had moderate pain. The documentation indicated the pain was decreasing. The physical examination of the left knee revealed tenderness to palpation in the medial knee. The drawer sign was positive at 3+ on the posterior side. The documentation indicated the physician reviewed x-rays and they were found to be unremarkable. The physician reviewed the MRI and there was an anterior chondral defect lateral femoral condyle and a posterior cruciate ligament tear. The diagnosis was left knee posterior cruciate ligament tear. The note was the injured worker was active in multiple sports. The treatment plan included a left knee posterior cruciate ligament reconstruction. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Reconstruction of Left Knee, Posterior Cruciate Ligament: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg Chapter, Posterior cruciate ligament (PCL) repair.

Decision rationale: The Official Disability Guidelines indicate that posterior cruciate ligament repair is under study. Additionally, they indicate that injuries over the posterior cruciate ligament frequently occur in sports injuries. They further indicated that some injured workers show significant symptoms and subsequent articular deterioration while others are essentially asymptomatic and maintain habitual function. The clinical documentation submitted for review indicated the physician would be performing a posterior cruciate ligament reconstruction. The physician opined the MRI revealed a posterior cruciate ligament tear. However, there was no official MRI submitted for review to support that the injured worker had a posterior cruciate ligament tear. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for a reconstruction of left knee posterior cruciate ligament is not medically necessary.