

Case Number:	CM14-0118131		
Date Assigned:	08/06/2014	Date of Injury:	09/27/2013
Decision Date:	09/16/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/25/2014

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 Surgeon, has a subspecialty in Pediatric Orthopedics, and is licensed to practice in Texas and Colorado. 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 09/27/2013. The mechanism of injury was not specifically stated. Current diagnoses include knee strain, mucous ACL degeneration and hamstring tendinosis. The injured worker was evaluated 06/18/2014. Physical examination revealed 0-130 degree range of motion of the left knee, 1 inch left quadriceps atrophy, anteromedial tenderness, tenderness over the lateral hamstring tendon insertion, pain with resistance to hamstrings, 5/5 motor strength and intact sensation. Previous conservative treatment includes medication management and physical therapy. Treatment recommendations on that date included a left knee arthroscopy with ACL debridement. A Request for Authorization form was then submitted on 06/23/2014 for an outpatient left knee arthroscopy with debridement. It is noted that the injured worker underwent an MRI on 11/21/2013, which indicated mild degeneration of the medial meniscus with cystic changes in the anterior cruciate ligament of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, ACL debridement, nonchplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-353. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter and Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength. As per the documentation submitted, the injured worker has been previously treated with medications and physical therapy. However, there is no documentation of a torn ACL upon imaging study. Therefore, the current request for an ACL debridement and nothroplasty cannot be determined as medically appropriate in this case. As such, the request is not medically necessary.

Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons, Surgical Assistant Procedure Coverage.

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 labs (CBC, Chem 7): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement. Preoperative evaluation. Bloomington (MN): 2010 Jun. 40 p.

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.

Game Ready 14 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

Post-operative 12 visits, 2 to 3 times per week for 4 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.