MAXIMUS Federal Services

Case Number:	CM14-0152099		
Date Assigned:	09/22/2014	Date of Injury:	11/13/2010
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/18/2014

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 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:

62-year-old male claimant with an industrial injury dated 11/13/10. MRI of the right knee dated 08/24/12 reveal an intact prior anterior cruciate ligament repair, thinned medial meniscus with possible small tear in posterior horn, degenerative changes, and spurring in the medial and lateral compartments, and possible mild sprain of the medial cruciate ligament. Exam note 09/10/14 states the patient returns with right knee pain and instability. The patient wears a brace to aid in maneuvering. Current medications include Norco to help with pain relief. Upon physical exam there was evidence of no swelling or effusion. Range of motion was noted as 0'-125'. The patient completed a 2+ Lachman's sign and a 2+ pivot-shift sign test. Diagnosis is noted as a sprain cruciate ligament knee, a lateral meniscus knee tear, and hypertension NOS. Treatment includes a revision anterior cruciate ligament reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 revision of the anterior cruciate ligament reconstruction: 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 & Leg (Acute & Chronic)

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

Decision rationale: CA MTUS/ACOEM, Chapter 13, Knee Complaints, pages 344 states that ACL reconstruction is "warranted only for patients who have significant symptoms of instability caused by ACL incompetence". In addition physical exam should demonstrate elements of instability with MRI demonstrating complete tear of the ACL. In this case the MRI from 8/24/12 does not demonstrate a complete tear of the ACL. Therefore, the determination is not medically necessary for the requested procedure.

Norco (unknown prescription of Norco): 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.