

Case Number:	CM14-0174346		
Date Assigned:	10/28/2014	Date of Injury:	09/23/2011
Decision Date:	12/04/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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:

According to the records made available for review, this is a 53-year-old male with a 9/23/11 date of injury, and right knee arthroscopic surgery in December, 2012. At the time (9/24/14) of request for authorization for Revision right knee arthroscopy with chondroplasty, partial synovectomy, possible partial meniscectomy and possible anterior cruciate ligament repair; pre operative clearance complete metabolic panel , PT, PTT, CBC, electrolytes, creatine, glucose, chest x- ray and EKG; and Post operative physical therapy qty 12, there is documentation of subjective (right knee pain with popping, locking, instability, and giving way) and objective (tenderness to palpitation over the anterior, medial and lateral right knee and positive Valgus, Varus and McMurray's sign) findings, imaging findings (MRI of the right knee (4/25/14) report revealed partial tear/sprain of the anterior cruciate ligament, and myxoid degeneration in the body and anterior horn of the medial meniscus), current diagnoses (right knee residuals after prior arthroscopic surgery, right knee chondromalacia and effusion, right knee partial anterior cruciate ligament tear, and right knee possible recurrent medial meniscus tear), and treatment to date (physical therapy, acupuncture, injections, and medications). There is no documentation of additional objective (Positive Lachman's sign OR Positive pivot shift OR Positive KT 1000 (>3-5 mm = +1, >5-7 mm = + 2, >7 mm = +3)) findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision right knee arthroscopy with chondroplasty, partial synovectomy, possible partial meniscectomy and possible anterior cruciate ligament repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Anterior cruciate ligament (ACL) reconstruction

Decision rationale: MTUS reference to ACOEM Guidelines identifies that Anterior cruciate ligament reconstruction generally is warranted only for patient who have significant symptoms of instability caused by ACL incompetence. ODG identifies documentation of failure of conservative care (physical therapy or brace), subjective (instability of the knee, described as buckling or give way OR Significant effusion at the time of injury OR Description of injury indicates rotary twisting or hyperextension incident) and objective (Positive Lachman's sign OR Positive pivot shift OR Positive KT 1000 (>3-5 mm = +1, >5-7 mm = + 2, >7 mm = +3)) findings, and imaging findings (ACL disruption on MRI OR Arthroscopy OR Arthrogram), as criteria necessary to support the medical necessity of Anterior Cruciate Ligament (ACL) Tears repair. Within the medical information available for review, there is documentation of diagnoses of right knee residuals after prior arthroscopic surgery, right knee chondromalacia and effusion, right knee partial anterior cruciate ligament tear, and right knee possible recurrent medial meniscus tear. In addition, there is documentation of failure of conservative care (Physical therapy). In addition, given documentation of subjective (right knee pain with popping, locking, instability, and giving way) findings, there is documentation of subjective (instability of the knee) finding. Furthermore, given documentation of imaging finding (MRI of the right knee report identifying partial tear/sprain of the anterior cruciate ligament and myxoid degeneration in the body and anterior horn of the medial meniscus), there is documentation of imaging findings (ACL disruption on MRI). However, despite documentation of objective (tenderness to palpitation over the anterior, medial and lateral right knee and positive Valgus, Varus and McMurray's sign) findings, there is no documentation of additional objective (Positive Lachman's sign OR Positive pivot shift OR Positive KT 1000 (>3-5 mm = +1, >5-7 mm = + 2, >7 mm = +3)) findings. Therefore, based on guidelines and a review of the evidence, the request for Revision right knee arthroscopy with chondroplasty, partial synovectomy, possible partial meniscectomy and possible anterior cruciate ligament repair is not medically necessary.

Pre-operative clearance complete metabolic panel , pt, ptt, cbc, electrolytes, creatine, glucose, chest x- ray and ekg: 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.

Post-operative physical therapy qty. 12: 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.