

<b>Case Number:</b>	CM14-0024224		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/13/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 New York. 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 patient is a 34-year-old male with a date of injury of August 18, 2010. He has been treated for chronic left knee pain and instability. He is status post revision of anterior cruciate ligament (ACL) reconstruction in the left knee in February of 2011. Physical exam shows persistent left medial knee pain with instability. The patient had a full range of motion of his lumbar spine and bilateral hips and bilateral knees. There is medial joint line tenderness. There is no lateral joint line tenderness. There is a 1+ Lachman exam in the knee. Left knee x-rays indicate medial compartment osteoarthritis with normal alignment of the hip and knee centrally to the ankle. Left knee MRI from October 2013 shows chronic tear of the ACL graft. Treatment to date includes ACL surgery with revision, arthroscopy, meniscectomy, debridement, physical therapy, bracing, and Synvisc injections. At issue is whether additional surgery including osteotomy of the knee is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE PROXIMAL TIBIAL OSTEOTOMY WITH OPEN REDUCTION INTERNAL FIXATION (ORIF) TIBIAL PLATEAU FRACTURE-BICONDYLAR UNDER GENERAL ANESTHESIA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, (Acute & Chronic).

**Decision rationale:** There is no surrounding evidence that osteotomy is more effective than non-operative treatment for patients with varus malalignment. It does not appear that surgery is medically necessary at this time. Proximal tibia osteotomy is not medically necessary. The patient has evidence of osteoarthritis; however, there is no clinical evidence that the patient has bowlegs or varus malalignment of the knee. The patient's current knee x-rays indicate malalignment of the hip and knee centrally down to the center of the ankle. Furthermore, guidelines state that dorsalis pedis and osteotomies are more effective than alternative non-operative therapy such as bracing or foot insoles. There also was no indication that an open reduction internal fixation is medically necessary. The patient does not have obvious malalignment of the knee and radiographically. Therefore, the request is not medically necessary.

**AN ASSISTANT SURGEON/FELLOW:** 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.

**A PRE-OPERATIVE MEDICAL CLEARANCE, INCLUDING LABS AND AN ELECTROCARDIOGRAM (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.

**TWELVE (12) POST OPERATIVE PHYSICAL THERAPY SESSIONS:** 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.

**A BRACE:** 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.

**AN ICE MACHINE:** 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.

**CONTINUOUS PASSIVE MOTION (CPM):** 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.

**WALKER/CRUTCHES:** 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.