

Case Number:	CM14-0026184		
Date Assigned:	06/13/2014	Date of Injury:	12/20/2013
Decision Date:	07/30/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/28/2014

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 48-year-old male who reported an injury on 12/20/2013. The mechanism of injury was not provided for review. The only clinical documentation submitted for review was a surgical note dated 04/10/2014 that documented the patient underwent a right knee ACL reconstruction with allograft and medial meniscus debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE POSSIBLE ACL RECONSTRUCTION, MENISCECTOMY, DEBRIDEMENT: Upheld

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

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

Decision rationale: ACOEM Guidelines recommends surgical intervention for the knees be supported by clear clinical exam findings corroborated by an imaging studies of a lesion that would benefit in both long and short-term from surgical intervention that has failed to progress through a strengthening program directed towards avoiding surgery. The clinical documentation submitted for review did not include any presurgical documentation to support the need for the

surgical intervention. Additionally, there was no imaging study submitted for review. The clinical documentation did not specifically outline the conservative treatment the patient had failed to respond to. As such, the request is not medically necessary.

ZOFRAN 4 MG ODT #10 1 PO Q 4-8 HRS: 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.