

Case Number:	CM14-0038022		
Date Assigned:	09/12/2014	Date of Injury:	11/22/2013
Decision Date:	10/10/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational Medicine 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:

The injured worker is a 56-year-old male who sustained a work-related right knee on November 22, 2013 while under the employment of [REDACTED]. He has a medical history of hypertension, hyperlipidemia, and diabetes mellitus type 2. As per emergency room report dated November 23, 2013, he suffered a fall while working on a fence and landed on his right leg and twisted his knee cap. A magnetic resonance imaging scan of the right knee without contrast dated December 3, 2013 showed findings of: complete anterior cruciate ligament and medial collateral ligament tears; moderate partial lateral collateral ligament tear; complex tear of the posterior horn of the lateral meniscus; moderate osseous contusions of the lateral femoral condyle and posterior aspect of the proximal tibial plateau; mild medial femoral condyle contusion; large knee joint effusion with mild hemarthrosis component; mild muscular injury of the popliteus; small Baker's cyst; and mild osteoarthritic changes in the knee. On January 28, 2014, he underwent right knee arthroscopy with partial lateral meniscectomy and limited debridement/ synovectomy including anterior cruciate ligament stump debridement and partial synovectomy in the suprapatellar pouch. Recent evaluation dated February 12, 2014 noted the injured worker is reportedly doing well, approximately two weeks post right knee surgery. Right knee physical examination showed well-healing surgical scars with no signs of infection. Right knee lacks 10-15 degrees of full extension and can only flex for only 95 degrees. The treating physician recommended to gaining full range of motion and progressing with strengthening before scheduling a definitive anterior cruciate ligament reconstructive surgery. Review of a Notice of Certification dated February 25, 2014 indicates that the worker has completed six physical therapy sessions and has been authorized 12 additional sessions of physical therapy for the right knee. Review of radiofrequency ablation dated February 26, 2014 indicated a request

for right knee anterior cruciate ligament reconstruction and allograft, including authorization of an assistant surgeon and post-operative physical therapy 2x/6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy two times a week for six weeks for the right knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Anterior cruciate ligament (ACL) reconstruction

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines and the Official Disability Guidelines indicate that anterior cruciate ligament reconstruction is warranted only for individuals who have significant symptoms of instability caused by anterior cruciate ligament incompetence. It is important to confirm the clinical findings with magnetic resonance imaging scan evidence. Review of the most recent evaluation report dated February 12, 2014 indicates that the treating physician recommended to the worker to "gaining full range of motion and progressing with strengthening before scheduling a definitive anterior cruciate ligament reconstructive surgery." In this case, there has been no recent documentation provided of how the injured worker has progressed with his physical therapy sessions to determine candidacy for anterior cruciate ligament reconstructive surgery. It is also unclear if a recent diagnostic imaging finding has been performed to warrant an anterior cruciate ligament reconstruction. Review of a prior utilization review dated March 10, 2014 indicates that the request for anterior cruciate ligament surgery has been non-certified. Since surgical procedure has been non-certified, the medical necessity of post-operative physical therapy session has not been established. Therefore, it can be concluded that the medical necessity post-operative physical therapy two times a week for six week for the right knee is not medically necessary at this time.