MAXIMUS Federal Services

Case Number:	CM14-0064041		
Date Assigned:	07/11/2014	Date of Injury:	07/12/2012
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 37 year old male who reported an injury to his left knee. The initial injury occurred on 07/11/12 when he was using a shovel at a construction site. A clinical note dated 10/17/13 indicated the injured worker undergoing repair at the left knee. However, the injured worker reported developing low back pain following the surgery. The injured worker underwent physical therapy for the lumbar spine without significant relief. A clinical note dated 10/17/13 indicated the injured worker diagnosed with left knee strain with associated effusion, subluxation, and dislocation of left knee. The injured worker underwent arthroscopic repair and arthrotomy at the left knee. The injured worker utilized Lidoderm, Celebrex, and Norco. The injured worker underwent acupuncture and transcutaneous electrical nerve stimulation unit and knee brace. A clinical note dated 11/06/13 indicated the injured worker continuing with low back and left knee pain. The injured worker underwent two acupuncture treatments to date. The injured worker rated the left knee pain 7/10. The injured worker demonstrated 95% of flexion/extension and 80 of flexion. The injured worker ambulated with antalgic gait. A clinical note dated 04/11/14 indicated the injured worker complaining of medial sided left knee pain described as constant and rated 7/10. The injured worker demonstrated 0-90 degrees of range of motion at the left knee. Lachman was positive. A clinical note dated 03/07/14 indicated the injured worker completing 10 physical therapy sessions to date. The injured worker experienced slight benefit. The injured worker complained of clicking and popping sensation with pain at the left knee. The magnetic resonance image of the right knee dated 04/14/14 revealed grade 3 chondromalacia with deep full thickness medial and lateral facet chondral fissures. Small joint effusion was identified. Anterior cruciate ligament was intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

L Knee Arthroscopic ACL Reconstruction w Allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The injured worker complained of left knee pain with associated range of motion deficits. ACL reconstruction is indicated for injured workers who have imaging studies confirming significant pathology. Submitted magnetic resonance image revealed no ACL involvement. The injured worker had significant chondromalacia at the left knee. However without imaging studies confirming significant pathology this request is not indicated as medically necessary.