MAXIMUS Federal Services

Case Number:	CM14-0066208		
Date Assigned:	07/07/2014	Date of Injury:	02/03/2009
Decision Date:	08/07/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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:

This 45-year-old male claims supervisor sustained an industrial injury on 2/3/09. Injury occurred when he slipped on ice and fell. The 1/23/14 treating physician progress report cited increased bilateral knee pain with gym activity, worse on the right at 9/10. There was increased swelling and soreness after activity. When resting, there was sharp pain. Physical exam documented patellofemoral irritability, swelling, and crepitation. Activities of daily living were limited secondary to patellofemoral pain. The diagnosis was bilateral knee chondromalacia and osteoarthritis. The patient was off work. Medications were continued. The 2/21/14 left knee MRI impression documented evidence of complete chronic anterior cruciate ligament (ACL) disruption. There was moderate medial compartment arthrosis with partial meniscectomy change, no definite re-tear. There was advanced lateral compartment arthrosis with intrasubstance degeneration and fraying/tear in the lateral meniscal roots. There was a defect at the patellar attachment of the lateral patellar retinaculum. The 2/21/14 right knee MRI impression documented medial meniscus tear with moderate to severe medial compartment arthrosis. There was ACL degeneration/high-grade partial tear with evidence of low-grade posterior cruciate ligament degeneration/partial tear. There was degenerative fraying/tear in the lateral meniscal roots with moderate lateral compartment arthrosis. There was mild patellofemoral chondrosis. The 4/2/14 utilization review denied the request for anterior cruciate ligament reconstruction as there was no evidence of recent conservative treatment failure or physical exam findings with provocative testing. The 4/10/14 patient appeal letter indicated that MRI studies showed tears in both knees. He was unable to walk for distances or run at all. He was starting to limp more with constant pain. He stated that his knee locked up and affected work and activities of daily living. The pain woke him up at night. He requested review of the utilization review denial for the ACL repair of his knee. The 5/14/14 treating physician progress

report reported increased bilateral knee pain. Right knee pain was reported as a constant dull ache and locking. Left knee complaints included popping. The treatment plan included diclofenac, hinged brace, and right knee surgery. The patient was working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-Operative Physical Therapy Visits: 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.

Arthroscopic Anterior Cruciate Ligament Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) , 2013, Knee & Leg, Anterior Cruciate Ligament Repair Indications for Surgery.

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 and Leg, Anterior cruciate ligament (ACL) reconstruction.

Decision rationale: The California MTUS guidelines state that anterior cruciate ligament reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. In cases involving partial tears, substantial improvement in symptoms may occur with rehabilitation alone. In complete tears, consideration should be given to the patient's age, normal activity level, and the degree of knee instability caused by the tear. The Official Disability Guidelines for anterior cruciate ligament reconstruction generally require physical therapy or bracing, plus subjective clinical findings of pain with instability of the knee or significant effusion at the time of injury, or description of injury indicates rotary twisting or hyperextension incident. Objective clinical findings should demonstrate positive Lachman's sign, positive pivot shift, or positive KT 1000, and imaging findings of ACL disruption. Guideline criteria have not been met. There is no detailed documentation that recent guideline-recommended conservative treatment had been tried and failed. There are no current exam findings documenting guideline-associated provocative testing or evidence of significant symptoms of instability. Records do not clearly identify which knee surgery is being requested for. Therefore, this request for arthroscopic anterior cruciate ligament repair is not medically necessary.