

Case Number:	CM14-0069636		
Date Assigned:	07/14/2014	Date of Injury:	09/05/2012
Decision Date:	08/27/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/14/2014

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 Orthopaedic 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 33-year-old male sustained an industrial injury on 9/5/12. Injury occurred when he lost his footing and fell, twisting right his knee. Past surgical history was positive for anterior cruciate ligament (ACL) reconstruction with allograft in 2006. Past medical history was positive for a history of gastroesophageal reflux disease and long-term non-steroidal anti-inflammatory drug use. The 1/23/14 initial orthopedic report documented intermittent swelling with instability and locking. There was significant functional impairment. Imaging findings documented tearing of the ACL graft and the anterolateral ligament. A two-stage ACL revision was planned. The patient underwent right knee arthroscopy with bone graft of tunnel, cystic excision, debridement, loose body removal, and medial meniscectomy on 2/24/14. As of 3/7/14, the patient was off crutches, had minimal pain and a steady gait. The second surgery was planned for May to reconstruct the ACL. Return to full duty work was anticipated in August or September. The 4/11/14 treating physician report cited increasing knee pain. There was concern that he may have torn his meniscus which will be addressed at the time of his second surgery. His revision first stage x-ray showed good healing of the bone. The 4/22/14 utilization review denied the right knee ACL revision and associated requests based on a failure to meet guideline criteria for ACL reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee scope with acromioclavicular ligament reconstruction revision with allograft and possible anterolateral ligament reconstruction with allograft: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS guidelines state that anterior cruciate ligament (ACL) reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. 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. Surgical reconstruction of the ACL may provide substantial benefit to active patients, especially those under 50 years old. Guideline criteria have been met. This patient has completed the first of two ACL reconstruction surgeries. The bone graft portion of the process was completed on 2/24/14. The second stage surgery is being requested to complete the reconstruction. This is a young and active patient. Therefore, this request for right knee scope with anterior cruciate ligament reconstruction revision with allograft and possible anterolateral ligament reconstruction with allograft is medically necessary.

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Code 29888, there is a 2 in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request one assistant surgeon is medically necessary.

Preoperative labs: Complete Blood Count (CBC), renal function panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met. The use of the requested pre-operative lab testing appears reasonable in a 33-year-old patient undergoing general anesthesia with a history of long-term non-steroidal anti-inflammatory drug use. Therefore, this request for preoperative labs (CBC, renal function panel) is medically necessary.

Post-operative physical therapy quantity: 16: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for anterior cruciate ligament repair suggest a general course of 24 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This initial request for post-op physical therapy is consistent with the recommended general course of care. Therefore, this request for post-operative physical therapy times 16 sessions is medically necessary.