

Case Number:	CM14-0085937		
Date Assigned:	08/06/2014	Date of Injury:	04/26/2001
Decision Date:	09/12/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 New York. 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 patient is a 50 female with a date of injury of April 26, 2001. She has multiple complaints to include neck and back pain shoulder and left knee pain. The patient also has right knee pain. She takes multiple medications to include narcotics for pain. She's had physical therapy. Physical examination shows left knee pain diffusely and around the joint but most of the pain is at the lateral joint line. The patient is unable to bend squat or kneel. She describes her knee locking and catching. She describes her knee giving out. Lachman's test is normal. Anterior drawer test is normal. There is a positive patellar grind test. McMurray's test is positive. MRI of the left knee shows ACL tear. There is a small effusion. Really degenerative knee arthritis is present. At issue is whether knee surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Allograft, ACL Reconstruction: 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) Knee & Leg - Indications for Surgery - Anterior Cruciate Ligament (ACL).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee & Leg.

Decision rationale: The patient is an overweight 50-year-old woman with pain dating back 12 years ago in her knees. The medical records do not indicate that she's had any significant conservative therapy. There is no documentation of injections. There were no plain x-rays to demonstrate the extent of her arthritis. The patient has documented early arthritis and patellofemoral arthropathy on MRI imaging. The patient has a stable knee on physical examination. Criteria for ACL reconstruction not met. ACL surgery is not medically necessary.

Pre Operative Clearance: 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.

Pre Operative EKG: 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.

Pre Operative Chest Xray: 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.

Pre Operative Labs: 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.

Left Knee Hinged Brace - Short: 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) Knee & Leg (updated 3/31/14).

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:MTUS/ODG Knee pain.

Decision rationale: Not needed since surgery not needed. Also, the medical records do not document any physical exam showing instability the knees. Lachman test is normal. The drawer test is normal.

Left Knee Hinged Brace - Long: 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) Knee & Leg (updated 3/31/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee pain.

Decision rationale: Not needed since surgery not needed. Also, the medical records do not document any physical exam showing instability the knees. Lachman test is normal. The drawer test is normal.

Post Operative Physical Therapy, Left Knee: 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.