

Case Number:	CM14-0101230		
Date Assigned:	07/30/2014	Date of Injury:	03/28/2013
Decision Date:	04/09/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 30-year-old male injured worker suffered an industrial injury on 3/28/2013. The diagnoses were ACL insufficiency following a high grade partial tear. The diagnostic study was right knee magnetic resonance imaging. The treatments were medications, physical therapy and activity modification. The treating provider reported continued instability of the right knee with locking and catching along with reduced range of motion. Exam note 6/5/14 demonstrates complaints of instability of the knee. Exam demonstrates 2+ Lachman and 2+ anterior drawer. Range of motion is noted to be 30 degrees of extension and 40 degrees of flexion. MRI right knee 4/17/13 demonstrates high grade partial ACL tear with lateral bone bruising and significant joint effusion. The Utilization Review Determination on 6/19/2014 non-certified: 1. Right knee Arthroscopy anterior cruciate ligament reconstruction using allograft tendon, meniscus debridement versus repair, chondroplasty, modified to not include meniscus debridement versus repair, chondroplasty, MTUS, ODG 2. CPM, modified for 21 days, MTUS, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Arthroscopy anterior cruciate ligament reconstruction using allograft tendon, meniscus debridement versus repair, chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS/ACOEM, Chapter 13, Knee Complaints, pages 344 states that ACL reconstruction is "warranted only for patients who have significant symptoms of instability caused by ACL incompetence". In addition physical exam should demonstrate elements of instability with MRI demonstrating complete tear of the ACL. In this case, the exam notes from 6/5/14 do demonstrate evidence of instability and the MRI from 4/17/13 does demonstrate a tear of the ACL. However, the MRI does not demonstrate a tear of the meniscus. Therefore, the determination is for non-certification for the requested procedure in its entirety.

CPM: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, CPM.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.