

Case Number:	CM14-0176583		
Date Assigned:	10/29/2014	Date of Injury:	08/02/2013
Decision Date:	01/30/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/24/2014

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:

44 year old male claimant with an industrial injury dated 08/02/13. The patient is status post an arthroscopic surgery dated 11/18/13. MRI of the right knee dated 09/20/13 reveals mild patellofemoral chondromalacia with distal thickness fold grade 2 to 3 chondral loss along the central trochanter. MRI of the right knee dated 04/18/14 demonstrates tiny undersurface tear posterior horn medial meniscus, trochlear chondromalacia, and quadriceps enthesopathy. The patient is status post electro-acupuncture treatments with little benefit. Exam note 09/30/14 states the patient returns with right knee pain. Upon physical exam the patient demonstrated a slightly limping gait, and had a well-healed scar present over the knee. The patient uses a brace on the right knee to aid in mobility. There was evidence of tenderness in the medial and lateral aspect of the knee. Diagnosis is noted as pain in the lower leg joint, sprain and strain in the knee. Treatment includes a right knee ACL reconstruction and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee ACL reconstruction after 4 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

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

Decision rationale: CA MTUS/ACOEM, Chapter 13, Knee Complaints, page 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 note from 9/30/14 does not demonstrate evidence of instability and the MRI from 4/18/14 does not demonstrate a complete tear of the ACL. Therefore, the requested procedure and associated service of 4 sessions of physical therapy are not medically necessary.