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| Case Number: | CM14-0196602 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 08/22/2012 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 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 52-year-old male who has chronic right hip, left knee and low back pain. The patient had previous ACL surgery. The surgery was performed approximately 20 years ago. On physical examination the patient has left knee swelling. There is instability with a positive anterior drawer and a positive pivot shift. X-ray shows no evidence of knee arthritis. The ACL femoral tunnel appears to be anteriorly placed. The patient is diagnosed with failed anterior reconstructive ACL surgery of the left knee. At issue is whether anterior cervical ACL revision reconstruction 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 ACL revision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee repair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee chapter.

Decision rationale: This patient does not meet establish criteria for revision ACL surgery. Specifically, the patient had ACL surgery approximately 20 years ago. The medical records do

not document a recent history of significant knee injury of the left knee. There is no documentation of conservative care such as bracing or physical therapy for left knee instability. The request is not medically necessary.

Therapeutic arthroscopy left knee removal of hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee chapter

Decision rationale: The medical records do not document a recent trial and failure of conservative measures for left knee pain. The patient should attempt account of conservative measures to include physical therapy, and NSAID medication. More conservative measures are medically necessary for treatment of left knee pain. The request is not medically necessary.