

Case Number:	CM14-0198982		
Date Assigned:	12/09/2014	Date of Injury:	09/14/2014
Decision Date:	02/04/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/26/2014

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:

17 year old male claimant with an industrial injury dated 09/14/14. Conservative treatments include a hinged right knee brace, NSAIDS, and an at-home-icing routine. Exam note 10/28/14 states the patient returns with right knee pain. The patient currently demonstrated a limp when walking, and needs a knee brace for assistance. Upon physical exam there was evidence of mild swelling present. Exam quadriceps compression test demonstrates negative results. There was negative joint tenderness visible. Range of motion is noted as a flexion of 116', and an extension of -15' with pain. The McMurray's test demonstrates positive results while the reverse McMurray's is negative. The patient had Grade 1 on his anterior drawer test. Treatment includes a right knee ACL reconstruction with hamstring autograft and partial medial meniscal repair vs. meniscectomy; along with 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 with hamstring autograft and partial medial meniscal repair vs. meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS/ American College of Occupational and Environmental Medicine (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 10/28/14 do not demonstrate evidence of instability. Therefore the requested treatment is not medically necessary.

Associated surgical service: Pre-operative medical clearance at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

Associated surgical service: post-operative physical therapy x 12 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.