

Case Number:	CM14-0049913		
Date Assigned:	07/07/2014	Date of Injury:	10/22/2012
Decision Date:	02/25/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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:

31-year-old male with reported industrial injury of 10/22/12. MRI of Right knee demonstrates a partial ACL tear. Agreed medical examination demonstrates no evidence of instability. Report states that if injection was not beneficial then an arthroscopic meniscus surgery would not be warranted as well as 12 postoperative physical therapy visits. Ultrasound from April 2, 2013 does not demonstrate an ACL tear. Request is made for right knee arthroscopy with partial medial meniscectomy and anterior cruciate ligament reconstruction with Achilles allograft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, partial medial meniscectomy, anterior cruciate ligament reconstruction with achilles allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, 334.
Decision based on Non-MTUS Citation Official Disability Guidelines-knee chapter www.odgtwc.com/odgtwc/knee.htm

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 or other imaging demonstrating complete tear of the ACL. In this case the ultrasound from 4/2/13 does not demonstrate evidence of a complete tear of the ACL. Therefore, the request is not 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.

Post Op Physical therapy 2-3 times 4-6 weeks: 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.

Right Knee Immobilizer: 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.

Spine Specialist Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the 31 year old male of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to a spinal specialist. Therefore the cited guidelines criteria have not been met and the request is not medically necessary.