

Case Number:	CM15-0005370		
Date Assigned:	01/16/2015	Date of Injury:	07/23/2014
Decision Date:	04/13/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/09/2015

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, Sports Medicine

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 injured worker is a 70-year-old female who reported injury on 07/23/2014. The mechanism of injury was the injured worker hit her knee against a metal part of the bed and injured her knee. The documentation indicated the injured worker's prior surgical history included a possible ACL repair with a left knee arthroscopy, synovectomy, lateral meniscectomy, possible root repair, preoperative medical clearance, and postoperative therapy on 09/19/2014. The injured worker underwent an ACL reconstruction of the left knee in 11/2013. The MRI of 08/18/2014 revealed the injured worker had a partial tearing at the distal aspect of the graft adjacent to which anteriorly is a 1 cm focus of localized arthrofibrosis, there was thickening and signal heterogeneity of the proximal PCL consistent with a grade I to grade II sprain, and there was a complex tear of the lateral meniscal posterior root with minimal peripheral extrusion of the body. There were mild to moderate degenerative changes of the medial compartment of the knee. There was diminutive medial meniscal posterior horn, representing either prior debridement or near complete radial tear. There was a peripheral extrusion of the body demonstrating additional free edge tearing. There was a large joint effusion with synovitis and a small popliteal cyst. The injured worker underwent a lumbar fusion for spondylolisthesis. The MRI of 08/18/2014 was prior to surgical intervention. The injured worker underwent physical therapy. The documentation of 11/05/2014 revealed the injured worker had frequent and moderate to moderately severe left knee instability and pain, which was intermittent to frequent and moderate to severe, and then the injured worker had a sensation her right hip was "giving out." The documentation further indicated the injured worker was status post rupture of an ACL

reconstruction. The physical examination of the left knee revealed an antalgic gait with trace effusion. Range of motion was full. There was a markedly positive anterior drawer, Lachman's, and pivot shift test on the left, and it was negative on the right. The diagnoses included instability left knee and medial compartment degenerative arthritis. The treatment plan included the injured worker had significant instability, and 1 option was a partial knee replacement; however, the injured worker was noted to have an ACL deficient knee and for best results, also at the same time, the physician opined, concomitantly, an ACL reconstruction would be appropriate. Additionally, the physician indicated that this was noted to be a fairly heroic surgery, and the other consideration would be the use of an unloader brace. The physician opined, with an unloader brace, not only could they unload the medial compartment of the knee, but might be able to stabilize the knee. The other alternative was noted to be a total knee replacement. Other therapies included physical therapy. The subsequent documentation of 01/02/2015 revealed the injured worker had numbness in the left leg and right hip pain posterior radiating down the leg. The injured worker was noted to have instability and giving way and persistent pain globally, more medial than lateral, and more anterior than posterior. The injured worker had instability and her knee wanted to give way. The injured worker was noted to have insulin dependent diabetes and hypercholesterolemia. The injured worker's medications included insulin and metformin. The physical examination of the left knee revealed the injured worker walked with an antalgic gait. There was mild effusion in the left knee. There was medial joint line tenderness. There was a mildly positive patellar apprehension sign. There was markedly positive anterior drawer, Lachman's, and pivot shift on the left. The x-ray of the bilateral knees revealed mild joint space narrowing medially in the left leg. There was mild sclerosis of the tibia and femoral condyle. There was no osteophyte formation. The lateral compartment was well preserved. The patellofemoral joint showed very minimal degenerative changes. The diagnoses included instability status post ACL tear status post ACL reconstruction with medial compartment degenerative changes. In regards to the knee, the documentation indicated the injured worker was status post ACL reconstruction and had a repeat arthroscopy performed earlier in the year. At that time, the injured worker was scheduled for a revision; however, the operating surgeon decided there were degenerative changes, which would no longer make her a candidate for ACL reconstruction surgery alone, and he advised her to wait until she needed a total knee replacement. The physician opined the injured worker was not a candidate for total knee replacement yet. The physician further indicated 1 treatment would be to stabilize the injured worker's knee with an ACL reconstruction before a need for a total knee replacement, and the other option would be an ACL reconstruction and unicompartmental knee replacement at the same time. The physician documented the previous operative note revealed some degenerative changes of the patellofemoral joint and, as such, it was indicated the injured worker may not be a good candidate for a partial due to that fact. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee ACL reconstruction with allograft tissue: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of exercise programs to increase the range of motion and strength of the musculature. There should be documentation of a history of frequent giving way episodes or falls during activities that involve knee rotation and there should be MRI evidence of a complete tear in the ligament. The physical examination should reveal clear signs of instability as shown by a positive Lachman's, positive drawer test, and pivot shift test. The MRI of 08/18/2014 revealed the injured worker had a partial tearing at the distal aspect of the graft adjacent to which anteriorly is a 1 cm focus of localized arthrofibrosis. The injured worker had a positive Lachman's and pivot shift and a positive anterior drawer. The clinical documentation submitted for review failed to indicate the injured worker had an MRI with a complete tear in the ligament. It was noted the injured worker had a partial tear. The duration of conservative care was not provided. There was a lack of documentation indicating a rationale for the success of this repair, as the injured worker had a failure of a prior repair. Given the above and the lack of documentation, the request for Left knee ACL reconstruction with allograft tissue is not medically necessary.

Associated surgery, Left knee, possible partial knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee joint replacement.

Decision rationale: The Official Disability Guidelines indicate that a knee joint arthroplasty is appropriate if there has been documentation of exercise therapy and medications, plus subjective findings of limited range of motion and nighttime joint pain. There should be documentation of a failure of pain relief with conservative care and documentation of current functional limitations, and there should be documentation the injured worker is over 50 years of age and has a body mass index of less than 40, and there should be osteoarthritis on standing x-rays or previous arthroscopy. The clinical documentation submitted for review indicated the injured worker had previously undergone an arthroscopy and had osteoarthritis on standing x-rays and MRI. The injured worker was over 50 years of age. However, there was a lack of documentation of a failure of conservative care and medications, and there was a lack of documentation of nighttime joint pain and no pain relief from conservative care. There was a lack of documentation of functional limitations, and there was a lack of documentation indicating the injured worker's body mass index. Given the above, the request for Associated surgery, Left knee, possible partial knee replacement is not medically necessary.

Associated surgery; Pre-op Medical Clearance: 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.

Associated surgery; Surgical Assistant: 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.

Associated surgery; Post-op physical therapy, left knee QTY: 14: 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.

Associated surgery; Cold Therapy Unit (x7 days) QTY: 7: 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.