

Case Number:	CM15-0006437		
Date Assigned:	01/26/2015	Date of Injury:	03/14/2013
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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 24-year-old male who reported an injury on 03/14/2013 after a trip and fall, which reportedly caused injury to his left knee. The injured worker's treatment history included medications, physical therapy and activity modification. The injured worker was evaluated on 10/15/2014. Physical findings included a positive Hoffmann's test and a positive anterior drawer test. The injured worker's diagnoses included an ACL tear. The injured worker's treatment plan included ACL reconstruction. No Request for Authorization form was submitted to support the request.

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 Cadaver Allograft; Surgical Assistant, As Outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): <https://www.acoempracguides.org/Knee>; Table 2, Summary of Recommendations, Knee Disorders.

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

Decision rationale: The requested left knee ACL reconstruction with cadaver allograft; surgical assistant, as outpatient is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend ACL reconstruction for injured workers who have ruptured ACL tendons that have failed to respond to conservative treatment and have signs and symptoms of instability consistent with pathology identified on imaging study. The clinical documentation submitted for review does indicate that the injured worker has instability upon examination of the left knee. The clinical documentation also indicates that the injured worker underwent an MRI that identified pathology that would benefit from surgical intervention. However, an independent evaluation of that report was not provided for review. Therefore, the requested surgical procedure and ancillary services would not be supported in this clinical situation. As such, the requested left knee ACL reconstruction with cadaver allograft; surgical assistant, as outpatient is not medically necessary or appropriate.