

Case Number:	CM15-0106150		
Date Assigned:	06/10/2015	Date of Injury:	11/13/2012
Decision Date:	08/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, Oregon
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:

The injured worker is a 52 year old female, who sustained an industrial injury on 11/13/12. She reported initial complaints of right knee pain. The injured worker was diagnosed as having right knee pain; chronic tear anterior cruciate ligament; osteoarthritis of knee; derangement right knee. Treatment to date has included physical therapy; status post right knee arthroscopy with ACL repair (4/5/2013); medications. Diagnostics included MRI Arthrogram right knee (4/14/2015). Currently, the PR-2 notes dated 5/20/15 is hand written. The notes indicated the injured worker complains of instability of the knee. He notes a positive MRI with objective findings listed as: tear ACL with positive Lachman and pivot shift. The MRI Arthrogram right knee on 4/14/15 impression notes no definite meniscal tear. Intrasubstance degeneration of the medial meniscus and partial thickness tear of the anterior cruciate ligament. His treatment plan includes a request for authorization of an ACL reconstruction of the right knee; assistant surgeon; postoperative cold therapy 2 week rental; post-operative knee brace; postoperative physical therapy 3 times a week for 4 weeks for the right knee and preoperative medical clearance-labs, EKG and chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACL reconstruction of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg.

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 demonstrating complete tear of the ACL. In this case the exam notes from 5/20/15 do not demonstrate evidence of instability and the MRI from 4/14/15 does not demonstrate a complete tear of the ACL. Therefore, the determination is not medically necessary for the requested procedure.

Post-operative knee brace: 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-operative cold therapy for right knee (2 week rental): 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-operative physical therapy 3x4 for the right knee: 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.

Pre-operative medical clearance - labs, EKG, chest x-ray: 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.

Assistant surgeon: 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.