

Case Number:	CM15-0135408		
Date Assigned:	07/30/2015	Date of Injury:	02/26/2015
Decision Date:	08/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/13/2015

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: Illinois, California, Texas
 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:

This injured worker is a 31-year-old male who sustained an industrial injury on 2/26/15. Injury occurred while he was closing a door and the entire door came off and fell on his right side. He felt a pop in his right knee and dislocated his right shoulder. The 5/5/15 orthopedic report cited right knee pain and instability. He just recently began to weight bear on the right knee using a brace. He remained off work. Physical exam documented mild effusion, range of motion 5-130 degrees, and positive anterior and posterior drawer, Lachman, and valgus stress tests. Right knee MRI showed a high grade proximal medial collateral ligament (MCL) injury, with the lateral collateral ligament (LCL) intact. There was a lateral meniscal bucket handle tear and posterior cruciate ligament (PCL) injury. The anterior cruciate ligament (ACL) was not visible. A repeat MRI was ordered to assess MCL healing and confirm ACL tear. The 5/18/15 right knee MRI impression documented a bucket handle tear of the lateral meniscus with meniscal tissue displaced into the inter condylar notch. There appeared to be a complete full thickness tear of the ACL. There was thickened lateral plica and partial tear or strain of the MCL. There was fairly extensive marrow edema consistent with a bone contusion involving the proximal tibia. Findings documented the PCL was bowed posteriorly. The iliotibial band and fibular collateral ligament were intact. The 5/19/15 orthopedic chart note documented review of the MRI. The ACL was torn, and the PCL looked mostly torn. The MCL appeared to be healing somewhat to the medial femoral condyle. There was a lateral meniscal bucket handle tear flipped into the notch, with possible complex tearing. The treatment plan recommended lateral meniscal repair, ACL and PCL reconstruction with Achilles allograft, and possible MCL reconstruction. Authorization was

requested for right knee anterior cruciate ligament, posterior cruciate ligament, medial collateral ligament, and lateral collateral ligament repair. The 6/9/15 utilization review modified the request for right knee anterior cruciate ligament, posterior cruciate ligament, medial collateral ligament, and lateral collateral ligament repair. The request for lateral collateral ligament repair was non-certified as this was a reported clerical error and modified to a lateral meniscus repair consistent with the medical records. He subsequently underwent right knee arthroscopy, partial lateral meniscectomy, and ACL and PCL reconstruction on 7/9/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral collateral ligament repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Medial collateral ligament (MCL) surgery.

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines indicate that the extra-capsular ligaments (the medial and lateral collateral ligaments), appear to have a fairly robust potential for healing, and the need for surgical intervention is limited. Guideline criteria have not been met. This injured worker presents with a multi-ligamentous right knee injury. Clinical exam findings are consistent with imaging evidence of ACL, MCL, and PCL tears, plus a complex lateral meniscal tear. There is no exam or imaging evidence of a lateral collateral ligament (LCL) injury. The 6/9/15 utilization review modified the surgical request to include a lateral meniscal repair and denied the LCL repair which was reported as a clerical error. There is no compelling rationale to support the medical necessity of surgical intervention involving the LCL. Therefore, this request is not medically necessary.