MAXIMUS Federal Services

Case Number:	CM15-0137063		
Date Assigned:	07/27/2015	Date of Injury:	09/14/2013
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/15/2015

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 36 year old male who sustained a work related injury September 14, 2013. While pulling out a piece of luggage, his left heel got caught and he had a twisting injury to the left knee. He was treated with physical therapy, injection to knee (unspecified) and modified work for six months. Past history included a left ACL (anterior cruciate ligament) reconstruction October 2012, private insurance, and left knee surgery in September 2014. According to a physician's orthopedic consultation, dated May 15, 2015, the injured worker recently fell when his right knee gave way. He fell on his tub and sustained a fracture of his right hand in the area of the fifth metacarpal. Left knee examination revealed; normal contour and gait pattern is satisfactory; healed nick incisions and no surgical or traumatic scars or burns are visible; full range of motion is satisfactory with flexion at 150 degrees and extension at 0 degrees. Examination of the right knee revealed; normal contour and gait pattern; no surgical or traumatic scars are visible; range of motion flexion at 150 degrees and extension at 0 degrees; trace effusion and tender medial joint line; patella tracking is grossly normal and no tenderness over the lateral joint line. Impression is documented as status post ACL reconstruction and debridement of left knee; right knee effusion. A follow-up orthopedic evaluation, dated June 2, 2015, finds the injured worker with complaints of pain and swelling in the right knee. The left knee is unchanged from the previous examination. The right knee revealed 10 ml effusion; tender medial joint line; full range of motion; ligament stability shows a trace anterior drawer. Impression is documented as internal derangement, right knee. At issue, is the request for authorization for a right knee arthroscopy and debridement and possible ACL repair, an assistant surgeon, cold therapy, TENS (transcutaneous electrical nerve stimulation) unit rental, physical therapy, and pre-operative check.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of diagnostic knee arthroscopy. Per ODG knee, the criteria to consider diagnostic arthroscopy of the knee are 1. Conservative Care (medications or PT) and 2. Subjective clinical findings 3. Imaging findings. In this case, there is no recent imaging demonstrating surgical pathology or equivocal findings. Therefore the request is not medically necessary.

Possible ACL repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

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 there is no MRI evidence of ACL tear to warrant reconstruction. The request is not 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.

Associated surgical service: cold therapy TENS unit- rental 7 days: 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 surgical service: physical therapy 3x4: 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: 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.