MAXIMUS Federal Services

| Case Number: | CM15-0196954 | | |
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| Date Assigned: | 10/12/2015 | Date of Injury: | 08/17/1979 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

## 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: Minnesota, Florida
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 59 year old male, who sustained an industrial injury on August 08, 2015. The injured worker was diagnosed as having right knee anterior cruciate ligament deficient knee. Treatment and diagnostic studies to date has included laboratory studies, at least six sessions of physical therapy, status post arthroscopy of the right knee with arthroscopic debridement of the partially torn right knee anterior cruciate ligament, and arthroscopic partial medial meniscectomy and chondroplasty July of 2014, status post right knee injection, magnetic resonance imaging of the right knee, computed tomography of the right knee, use of a knee brace, and medication regimen. In a progress note dated June 29, 2015 the treating physician reports complaints of pain that was noted to be relieved by Norco with an examination revealing for effusion, straightforward anterior laxity, and anterolateral rotatory instability to the knee. In a progress note dated August 10, 2015 the treating physician reports complaints of swelling and pain to the knee, along with the knee giving out. Examination performed on August 10, 2015 was revealing for anterior instability, positive Lachman's testing, and positive pivot shift testing. The medical records included magnetic resonance arthrogram of the right knee from March 24, 2014 that was revealing for reconstruction right anterior cruciate ligament tear, tri-compartmental osteoarthritis, linear signal touching the inner third of the tibial articular surface of the posterior horn remnant with intra articular contrast extending to the abnormal signal "consistent with a recurrent or residual meniscal tear". On August 10, 2015 the treating physician requested right knee anterior cruciate ligament reconstruction, pre-operative medical clearance with labs, and twelve sessions of post-operative physical therapy to include evaluation, therapeutic exercises, manual therapy

and electrical stimulation for symptomatic instability. On September 08, 2015 the Utilization Review determined the requests for right knee reconstruction, pre-operative medical clearance with labs, and twelve sessions of post-operative physical therapy to include evaluation, therapeutic exercises, manual therapy and electrical stimulation to be non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee ACL (anterior cruciate ligament) reconstruction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic, Anterior cruciate ligament (ACL) reconstruction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic surgery for osteoarthritis, Anterior cruciate ligament reconstruction.

**Decision rationale:** The Official Disability Guidelines do not recommend arthroscopic surgery for osteoarthritis. With regard to ACL reconstruction, ODG guidelines indicate the importance of looking at comorbidities such as osteoarthritis because they predict potential problems. The injured worker has evidence of tricompartmental osteoarthritis of the knee. Furthermore, the operative report dated 7/24/2014 documented a partial tear of the anterior cruciate ligament. Surgical reconstruction is not recommended for partial-thickness tears. Grade 3 and grade 4 chondromalacia with degenerative joint disease was documented. The progress notes dated August 10, 2015 document pain and swelling with walking, climbing ladders, etc. which is a manifestation of osteoarthritis. A CT scan of the right knee dated 6/16/2014 revealed evidence of prior anterior cruciate ligament reconstruction with presence of femoral and tibial hardware and ACL tunnel. The ACL appeared grossly intact. There was evidence of tricompartmental osteoarthritis. All 3 compartments were demonstrating osteophyte formation and narrowing of joint space. This was mild-to-moderate. The MRI scan post arthrogram dated 3/14/2014 had revealed metal artifact from previous anterior cruciate ligament surgery. However, the ligament appeared to be torn. The operative report dated 7/24/2014 indicates the following postoperative diagnosis: Torn medial meniscus; medial femoral chondromalacia, grade 3 and grade 4. The procedure performed was Arthroscopic evaluation of the right knee, arthroscopic debridement of the partially torn ACL and arthroscopic partial medial meniscectomy and chondroplasty. More recent documentation indicates that a total knee arthroplasty was discussed with the injured worker. A recent standing x-ray documenting the degree of osteoarthritis has not been submitted. The CT scan showing tricompartmental osteoarthritis was over a year ago and so updated diagnostic studies will be necessary to determine the degree of osteoarthritis. Based upon narrowing of all 3 compartments documented on CT in the past, it is very likely that the injured worker will be a candidate for total knee arthroplasty at this time. As such, the request for anterior cruciate reconstruction is not supported by guidelines and the medical necessity of the request has not been substantiated.

**Pre-operative medical clearance with labs:** 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, 12 sessions, to include evaluation, therapeutic exercises, manual therapy and electrical stimulation:** 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.