

Case Number:	CM15-0022108		
Date Assigned:	02/11/2015	Date of Injury:	08/21/2013
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/05/2015

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

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 27 year old male who sustained an industrial related injury on 8/21/13. The injured worker had complaints of left knee pain. Diagnoses include derangement of the left knee, anterior cruciate ligament tear, and acute lateral meniscus tear. Treatment included partial lateral meniscectomy allograft ACL reconstruction, hardware removal, and physical therapy. Exam note 1/5/15 demonstrates residual pain over the implant site. No formal imaging report is available. The treating physician requested authorization for left knee arthroscopy with removal of implant and partial excision of bursa and patellar tendon. On 1/22/15 the requests were non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and the Official Disability Guidelines. The UR physician noted an official imaging document was not submitted for review therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Removal of Implant and Partial Excision of Bursa and Patellar Tendon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg, Hardware Removal.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hardware removal. According to the ODG Knee and Leg, Hardware implant removal, "Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure." There is insufficient evidence to support hardware removal in this case from the cited clinical documentation from 1/5/15. There is no evidence of broken hardware, or conservative care failing leading to persistent pain. There is also no formal imaging to warrant associated knee arthroscopy and bursae excision of patellar tendon. Therefore the determination is for non-certification.