

Case Number:	CM15-0022125		
Date Assigned:	02/11/2015	Date of Injury:	08/21/2013
Decision Date:	03/31/2015	UR Denial Date:	01/19/2015
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: 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 27 year old male, who sustained an industrial injury on 08/21/2013. He underwent three surgical procedures on his left knee including anterior cruciate ligament reconstruction and revision. The last procedure consisted of an ACL allograft using the anterior tibial tendon and a partial lateral meniscectomy for an acute tear of the lateral meniscus on 5/14/2014. Other treatment to date has included oral pain medication, knee immobilizer, crutches, physical therapy and muscle stimulator. In a progress note dated 01/09/2015, the injured worker complained of improved but continued knee pain. Objective physical examination findings were notable for tenderness to deep palpation across the lateral cross pin site and marked tenderness at the patellar tendon insertion site. A request for authorization of left knee arthroscopy with removal of implant and partial excision of bursa and patellar tendon was made. On 01/19/2015, Utilization Review non-certified a request for left knee arthroscopy with removal of implant and partial excision of bursa and patellar tendon, noting that there was a lack of evidence that the injured worker had specific clinical and radiographic findings suggestive of recurrent internal knee derangement. MTUS and ODG guidelines were cited.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345.

Decision rationale: The injured worker is a 27-year-old male with a history of left knee injury on 8/21/2013. Prior physical therapy notes indicate a history of anterior cruciate reconstruction on 11/12/2013, a second surgical procedure on 1/14/2014, and a more recent revision reconstruction of the anterior cruciate ligament on 5/14/2014. The operative report of May 14, 2014 indicates a failed anterior cruciate ligament reconstruction that was revised using a posterior tibial allograft. A partial lateral meniscectomy was also performed. The current surgical request is for arthroscopy of the left knee with removal of implant and partial excision of bursa and patellar tendon with postoperative physical therapy 2 times a week for 2 weeks, left knee. A progress note from January 2015, pages 4 through 6 is submitted indicating complaint of pain laterally near the cross pin site and at patellar tendon insertion. Lachman testing revealed a solid endpoint. Pivot shift was negative. PCL was not damaged on MRI. There was pain at the insertion of the patella tendon. The documentation does not include imaging studies such as the MRI that is referenced. The diagnosis is history of ACL tear reconstruction and acute tear of lateral meniscus. The notes indicate residual pain at the implant site laterally and patellar tendinosis. The procedure requested is implant removal and partial patellar tendon and prepatellar bursal excision. The rationale for the requested surgery has not been provided. California MTUS guidelines indicate surgical considerations in the presence of clear clinical and imaging evidence of a lesion that is known to benefit from surgical repair. The diagnosis does not indicate the presence of infection or some other complication related to the implant. There is no imaging submitted and so the reason for the surgery is not clear. There is no documentation of conservative treatment prior to the requested surgery as required by guidelines. In the absence of imaging studies or documentation of the need for the requested procedure, and evidence of a conservative treatment program for weeks/months with documented failure, the medical necessity of the request for a revision left knee arthroscopy with implant removal and partial patellar tendon and prepatellar bursal excision is not established.