

Case Number:	CM15-0028105		
Date Assigned:	03/25/2015	Date of Injury:	04/09/2013
Decision Date:	04/20/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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:

The injured worker is a 36-year-old male who sustained an industrial injury on 4/9/13. Injury occurred when his leg was caught in a piece of farm machinery. He underwent a fasciotomy and skin graft, and developed a significant foot drop. The 8/15/13 left knee MRI impression documented full thickness tears of the anterior and posterior cruciate ligaments, small free edge tears of the anterior horn and body of the medial meniscus, and prior sprains of the proximal medial collateral and fibular collateral ligaments. The 8/29/13 left lower extremity electrodiagnostic study documented a severe left common peroneal neuropathy and a moderate left tibial neuropathy at the calf. The 3/27/14 neurosurgical consultant was reluctant to recommend surgical intervention, continued conservative treatment with a foot splint was recommended. The 1/20/15 treating physician report indicated the left ankle and knee were not significantly improved. Pain was 4-5/10 and made worse by prolonged walking and standing. Pain was improved with rest. Left knee exam documented range of motion 0-130 degrees with no effusion, posterior lateral joint line tenderness, positive external rotation laxity, 2+ Lachman's, decreased left foot sensation, and absent left foot/ankle dorsiflexion. The diagnosis was left peroneal nerve injury status post left knee dislocation. The injured worker had significant pain and anterior posterior and external rotation laxity on exam. The patient had received ankle foot orthoses and a PCL brace, but they were abutting each other. The patient was referred for brace and AFO adjustment. He was capable of working modified duty. Authorization was requested for left knee posterior cruciate ligament reconstruction and posterior lateral corner reconstruction. The 2/2/15 utilization review certified requests for a posterior cruciate ligament

(PCL) stabilizing brace and an ankle/foot orthoses. The request for left knee PCL reconstruction and posterior lateral corner reconstruction was denied, as there was no imaging study to support the requested surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee PCL reconstruction and posterior lateral corner reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Posterior cruciate ligament (PCL) repair.

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 state that posterior cruciate ligament (PCL) repair is under study Guidelines state that management of PCL injuries remains controversial and prognosis can vary widely. Interventions extend from non-operative (conservative) procedures to reconstruction of the PCL, in the hope that the surgical procedure may have a positive effect in the reduction/prevention of future osteoarthritic changes in the knee. Guideline criteria have not been met. The patient presents with persistent left knee pain and a significant peroneal nerve injury resulting in absent foot/ankle dorsiflexion. Clinical exam findings documented anterior posterior and external rotation laxity. There is imaging evidence of full thickness anterior and posterior cruciate ligament tears. He has recently received a PCL stabilization brace and AFO, which required adjustment due to abutment. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy, and failure has not been submitted. Given the relative lack of guideline support for PCL reconstruction, exhaustion of conservative treatment would be expected prior to reconstruction. Such conservative treatment exhaustion was not evident in the records provided. Therefore, this request is not medically necessary at this time.