

Case Number:	CM15-0220300		
Date Assigned:	11/13/2015	Date of Injury:	02/09/2011
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/10/2015

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, Oregon, Washington
 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 32 () year old male, who sustained an industrial injury on 2-09-2011. The injured worker is being treated for primary osteoarthritis right knee and internal derangement right knee. Treatment to date has included surgical intervention (right knee arthroscopy, 6-06-2013), diagnostics, medications, activity modification and physical therapy. Per the Primary Treating Physician's Progress Report dated 10-07-2015, the injured worker presented for follow-up of the right knee. He reported dull, achy and throbbing pain in his right knee. Walking or kneeling causes a lot of pain to the right knee. He is taking Aleve to help with the pain. He rates the pain as 6 out of 10. Prior MRIs and arthroscopy show the ACL to be intact. Objective findings included mild supra patella effusion of the right knee. There was tenderness at the anterior joint line with no crepitation. The notes from the provider do not document efficacy of the prescribed medications Work status was not documented at this visit. The plan of care included surgical intervention and authorization was requested for right knee ACL reconstruction and preop labs. On 10-28-2015, Utilization Review non-certified the request for right knee ACL reconstruction and preop labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee anterior cruciate ligament (ACL) 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 (ODG), Knee and Leg - Anterior cruciate ligament (ACL) reconstruction.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

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 this case the exam notes from 10/7/15 do not demonstrate evidence of instability and the prior MRIs and arthroscopy have shown the ACL to be intact. Therefore, the request is not medically necessary.

Pre-op Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Preoperative lab testing, general.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The request is not medically necessary.