

Case Number:	CM15-0030165		
Date Assigned:	02/23/2015	Date of Injury:	02/21/2011
Decision Date:	05/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/18/2015

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, Sports Medicine

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 41-year-old male who reported injury on 02/21/2011. The mechanism of injury was a trip and fall. The documentation of 01/26/2015 revealed a diagnosis of left knee sprain internal derangement with instability and falling. The documentation indicated the injured worker's current medications included Tizanidine and Hydrocodone/Acetaminophen 10/325 as well as Oxycodone 5/325. The documentation indicated the injured worker was in the office for a left knee re-evaluation and felt unstable. The injured worker indicated the knee gave away. The brace caused back pain. The injured worker had swelling daily. The physical examination revealed the Lachman's of +1 with endpoint unable to perform and an inability to perform a pivot shift due to pain. The injured worker had a stable varus and valgus and posterior right knee with no effusion. Range of motion was -5 degrees to 140 degrees with lateral and patellofemoral clicking. The treatment plan included an allograft anterior cruciate ligament reconstruction. The documentation indicated the injured worker had previously undergone an MRI on 06/16/2014 which revealed degenerative signal in the anterior and posterior horn of the medial meniscus. There was no meniscal tear, ligament tear or acute osseous injury. There was mild fatty atrophy of the gracilis muscle with mild tendon thickening which was opined to be likely sequelae of chronic injury. The injured worker was noted to have previously undergone physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Anterior Cruciate Ligament Reconstruction with Allograft: 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), 11th Edition (web), 2014, Knee and Leg, Anterior cruciate ligament (ACL) reconstruction.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate surgical intervention is appropriate for injured workers who have a failure of an exercise program to increase range of motion and strength of musculature around the knee and activity limitation for more than 1 month. There should be documentation of a history of frequent giving-way episodes, or falls during activities that involve knee rotation, is consistent with the condition. A physical examination in an acute setting may be unrevealing because of the effusion and immobilization of the knee. In addition, the physical examination may reveal clear signs of instability as shown by positive Lachman, drawer, and pivot-shift tests. It is important to confirm the clinical findings with MRI evidence of a complete tear in the ligament. The clinical documentation submitted for review indicated the injured worker had a positive Lachman's. However, there was a lack of documentation of a failure of conservative care and there was a lack of documentation indicating the injured worker had evidence of a complete tear of the ligament. Given the above, the request for left knee anterior cruciate ligament reconstruction with allograft is not medically necessary.

Associated surgical service: 7 Days rental of cold therapy unit: 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.

Associated surgical service: 1 Bregg T-Scope brace: 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.

8 Post-operative physical therapy visits: 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.