

<b>Case Number:</b>	CM15-0031097		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 40-year-old male who reported injury on 04/25/2014. The mechanism of injury was the injured worker was lifting a wooden beam from the ground with help with his supervisor. The injured worker lifted the beam on his side while the supervisor did not. The injured worker felt all of the weight of the wooden beam on him and hyperextended his right knee. The injured worker was given a knee immobilizer and crutches. The injured worker started physical therapy treatments for his knee and back approximately 1 month after the incident. The documentation of 01/12/2015 noted the injured worker had complaints of pain in the right knee with locking and swelling of the right knee. The injured worker had difficulty descending stairs, squatting and kneeling. Surgical history was stated to be none. The medications included Motrin and topical cream. Physical examination of the right knee revealed the injured worker ambulated with an antalgic gait without any assistive device or brace. The injured worker was not able to squat. There was no swelling. There was patellar crepitus and retropatellar tendon is with firm palpation. There was medial joint line tenderness. The Lachman's test was positive. The McMurray's anterior drawer test and posterior sag and knee jerk test were negative. Strength was 5/5. The x-ray findings revealed no evidence of fracture or dislocation. There were no arthritic changes. The joint spaces were well maintained and the patellar was in the intercondylar groove in good position. The diagnoses included torn medial meniscus, probable anterior cruciate ligament tear right knee. The treatment plan included a diagnostic arthroscopy, partial medial meniscectomy, and possible anterior cruciate ligament reconstruction with Achilles tendon and allograft surgery for the right knee. The injured worker

was noted to undergo an MRI of the right knee which revealed a medial meniscal tear and a probable anterior cruciate ligament tear.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Diagnostic Arthroscopy, Partial Medial Meniscectomy, and Possible Anterior Cruciate Ligament Reconstruction with Achilles Tendon Allograft Surgery for the Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 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 clear signs of bucket handle tear on examination and symptoms other than pain including locking, popping, giving way or current effusion. Additionally, there should be documentation of consistent findings on MRI. The clinical documentation submitted for review indicated the injured worker had objective findings upon MRI and physical examination. Conservative care would not be applicable due to the multiple tears. However, the American College of Occupational and Environmental Medicine do not address diagnostic arthroscopies. As such, secondary guidelines were sought. The Official Disability Guidelines indicate a diagnostic arthroscopy is appropriate when the injured worker has had medications or physical therapy and pain in functional limitations that continue despite conservative care and there should be documentation the imaging is inconclusive. The clinical documentation submitted for review indicated the injured worker had imaging findings that were conclusive. Given the above, the request for diagnostic arthroscopy, partial medial meniscectomy, and possible anterior cruciate ligament reconstruction with Achilles tendon allograft surgery for the right knee is not medically necessary.

#### **Pre-Operative Physical and Labs: 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.

#### **Post-Operative ACL Braces: 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.

**Post-Operative CMP Machine x 14 Days: 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.

**Post-Operative Vascutherm Cold Therapy x 10 Days: 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.

**6 Initial Post-Operative Physical Therapy visits for the Right Knee: 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.