

Case Number:	CM15-0033220		
Date Assigned:	02/27/2015	Date of Injury:	09/11/2013
Decision Date:	04/20/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/20/2015

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 55-year-old male who reported an injury on 09/11/2013. The mechanism of injury was not stated. The injured worker is currently diagnosed with left knee lateral compartment degenerative joint disease with an ACL tear. The injured worker presented on 02/04/2015 with complaints of significant pain in the left knee. Previously, the provider had discussed with the injured worker the need for possible surgery, to include a unicompartmental knee replacement and/or an ACL reconstruction. Upon examination, there was ACL ligament laxity with medial and lateral joint line tenderness. There was 1+ effusion also noted. X-rays obtained in the office revealed severe degenerative changes in the lateral compartment. Recommendations at that time included a unicompartmental knee solution with an anterior ligament reconstruction using an Achilles tendon allograft. A Request for Authorization form was then submitted on 02/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthrocare joint resurfacing, lateral compartment, 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 & Le- Anterior cruciate ligament (ACL) reconstruction.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for injured workers who have activity limitation for more than 1 month and a failure of exercise programs in increase range of motion and strength around the knee. Surgical reconstruction of the ACL is warranted only for injured workers who have significant symptoms of instability caused by ACL incompetence. In this case, there were no official imaging studies provided for review. The request as submitted would not be supported as the provider is requesting a unicompartmental knee replacement along with an ACL reconstruction in the same setting. There is no peer reviewed medical literature to support this approach. There is no indication that this injured worker would benefit from an ACL reconstruction given the significant medical compartment osteoarthritis. Based on the information received and the above mention guidelines, the request is not medically appropriate at this time.

Left knee pre-op surgical clearance: 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.

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.

Post-op 12 sessions of Physical Therapy: 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-op Medications: 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.