

Case Number:	CM15-0088578		
Date Assigned:	05/12/2015	Date of Injury:	08/22/2012
Decision Date:	06/12/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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, Indiana, Oregon
 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 52-year-old male, who sustained an industrial injury on 8/22/2012. He reported developing pain in the right side of his low back, right hip and left knee. Diagnoses include chronic low back pain, right hip pain with osteoarthritis, and chronic right knee pain, status post arthroscopy and ligament reconstruction and underwent a revision ACL repair in 2014. Treatments to date include activity modification, medication therapy, physical therapy, medial branch blocks, and radiofrequency ablation at right L3, L4, and L5. Currently, he complained of increasing pain, swelling, and discomfort in the left knee. On 10/30/14, the physical examination documented significant instability, a positive anterior drawer with a positive pivot shift. The impression was failed ACL reconstruction with unstable left knee. The medical records included documentation dated 11/18/14, indicating that a stabilizing knee brace, Celebrex, and physical therapy was initiated. The records further indicated that there is retained hardware in the knee compromising further evaluation with MRI evaluations requiring knee arthroscopy. Physical therapy treatment notes documented audible "pop" with sidestepping, continued swelling, and inability to fully contact compared with right leg despite ongoing therapy treatments. The plan of care included left knee arthroscopic anterior cruciate ligament (ACL) reconstruction and left knee implant removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopically Aided Anterior Cruciate Ligament Reconstruction of the Left 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): 344.

Decision rationale: The ACOEM Practice Guidelines recommends an MRI to confirm the diagnosis of an ACL tear prior to treatment. Based on the records provided there is no MRI evidence of an ACL tear. Therefore, the request is not medically necessary.

Removal of Implant for the Left 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.