

<b>Case Number:</b>	CM14-0121611		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/05/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is 43-year-old female who fell down a flight of stairs and heard a pop in her left knee on 04/05/14. The medical records provide for review document that the claimant has a past surgical history of ACL reconstruction related to an injury in 1994 that resulted in a patellar tendon autograft reconstruction with a second injury in 1998 resulting in an allograft repair. The claimant was also noted to be status post subtotal resection of the medial meniscus. Following the 04/05/14 injury, an MRI dated 04/28/14 identified the previous anterior cruciate ligament grafting, subtotal medial meniscectomy, advanced degenerative joint disease of the medial compartment, and a radial tear of the lateral meniscus. It was documented in the report that there were no visible intact ACL fibers. The orthopedic consultation on 6/17/14 described continued left knee complaints noting that the claimant was gradually regaining range of motion with physical therapy. Physical examination revealed motion was from zero to 105 degrees with positive Lachman, anterior drawer and pivot shift testing. Recommendations were for continuation of physical therapy and consideration for a third left anterior cruciate ligament reconstruction procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**left knee arthroplasty with ACL repair and fluoroscopy/surgical implants: bone patella, bone allograft times one by RTI, bioscrew times two by Arthrex: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Knee & Leg procedure AND Indications for Surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

**Decision rationale:** Based on the California ACOEM Guidelines, the requested surgery to include a third ACL reconstruction cannot be supported. The correct surgical request is left knee arthroscopy with ACL repair with fluoroscopy/surgical implants; the physician is not requesting left knee arthroplasty. The clinical records document that the claimant is making progress in rehabilitation with advancement in range of motion and strengthen with physical therapy. The imaging report documents evidence of end-stage degenerative change to the claimant's medial compartment of his knee. ACOEM Guidelines recommends ACL reconstruction in the acute setting, but it also recommends that special consideration should be given to the claimant's age, level of activity and degree of knee instability caused by the tear. Based on the ACOEM Guidelines, the fact that the claimant is still making progress with rehabilitation, and the claimant's past history of numerous prior surgical processes to the knee, the proposed surgery for left knee arthroscopy with ACL repair with fluoroscopy/surgical implants cannot be recommended as medically necessary.

**Pre-operative medical 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.

**Pre-operative electrocardiogram (EKG):** 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.

**Pre-operative laboratory evaluation:** 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.

**Assistant surgeon/PA:** 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 physical therapy, left knee, two times per week for four weeks:** 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.

**Crutches, quantity one:** 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 (rental or purchase):** 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.

**Knee 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.