

Case Number:	CM14-0135423		
Date Assigned:	08/29/2014	Date of Injury:	09/26/2012
Decision Date:	09/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/22/2014

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:

This is a 52-year-old, male, who sustained a twisting injury to the left knee while stepping off a curb on 09/26/12. The medical records provided for review document that the claimant underwent arthroscopic anterior cruciate ligament reconstruction on 03/25/13. The report of a postoperative MRI dated 03/13/14 showed an intact ACL (anterior cruciate ligament) tunnel graft with no evidence of ligamentous or meniscus tears. There was Grade IV retropatellar chondromalacia with patella alta and lateral subluxation of the patella. There was a Grade II-III lateral trochlear chondromalacia. The office note dated 07/16/14 noted diagnoses of lower leg pain, sprain of the cruciate ligament of the left ACL, and sprain/strain of the lateral collateral ligament of the left knee. At the office visit on 07/16/14 the claimant had left knee pain described as generalized aching, instability, and giving way. Objective findings on examination included mild tenderness at the medial femoral condyle, range of motion was within normal limits, a positive Lachman's sign and anterior drawer sign, 3+ valgus stress test with 1+ laxity and varus stress test showed 2+ laxity and varus stress in 30 degrees of flexion showed 3+ laxity. In the office note of 07/16/14 the provider documented that the right knee MRI showed ACL thickened to the tibial tunnel which was widened and slightly posterior to the optimal position. Conservative treatment was noted to have included activity modification, external support, antiinflammatories, and narcotic pain medicines. The recommendation was made for left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

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

Decision rationale: The California ACOEM Guidelines recommend that prior to considering surgical intervention for knee complaints and pathology, there should be documentation of failure of an exercise program to increase range of motion and strength of musculature around the knee. At the claimant's age of 52 years old, it would be considered medically reasonable to proceed with a formal course of physical therapy to attempt to strengthen the musculature around the knee and overall increase the integrity and strength of the ACL ligament. In addition, the documentation suggests the claimant has used external supportive devices, but it is not clear that the claimant has utilized a brace which would be recommended prior to considering a revision ACL repair. The most recent MRI available for review from March of 2014 failed to establish that the claimant had a recurrent ACL tear. Subsequently, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the left knee arthroscopy cannot be considered medically necessary.

Removal of old anterior cruciate ligament graft, bone: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

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

Decision rationale: The most recent MRI available for review from March of 2014 failed to establish that the claimant had a recurrent ACL tear. Subsequently, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the left knee arthroscopy cannot be considered medically necessary.

Grafting of tibial and femoral condyle defects: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

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

Decision rationale: The most recent MRI available for review from March of 2014 failed to establish pathology to support the proposed grafting for tibial and femoral chondral defects and therefore cannot be considered medically necessary.

Post-op follow up appointments 1 at 2 weeks with surgeon then 1 at 8 weeks with PA-C:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2007, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Tissue request, allograft femoral head: 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), Treatment In Workers Compensation (TWC), 5th edition, 2007 or current year, Knee & Leg (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.