

Case Number:	CM14-0145868		
Date Assigned:	09/12/2014	Date of Injury:	09/23/2007
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/08/2014

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 a 57-year-old female who sustained multiple injuries including the right knee in work-related accident on September 23, 2007. The medical records provided for review document that the claimant has undergone two prior arthroscopic procedures of the knee since the time of injury. The report of the MRI dated July 3, 2014 identified evidence of advanced tricompartmental degenerative change most prominent in the medial compartment and complex tearing of the posterior horn and body of the medial meniscus. The MRI report also documented degenerative signal change to the lateral collateral ligament without tearing. The orthopedic evaluation on July 23, 2014 noted continued complaints of pain in the knee with popping and clicking. The only documentation of physical examination findings was painful range of motion. The treating physician reviewed the recent MRI and recommended arthroscopic assisted PCL reconstructive surgery to address the claimant's subjective mechanical complaints and instability. There was no documentation of any other recent physical examination findings or conservative treatment in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopically Aided Posterior Cruciate Ligament Repair: 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 Index, 11th Edition (web), 2013, knee & leg, Posterior cruciate ligament (PCL) repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: knee procedure Posterior cruciate ligament (PCL) repair Under study. Injuries of the posterior cruciate ligament (PCL) of the knee frequently occur in automobile accidents and sports injuries, although they are less frequent overall than injuries of the anterior cruciate ligament (ACL). Some patients show significant symptoms and subsequent articular deterioration,

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right knee arthroscopically aided posterior cruciate ligament repair cannot be recommended as medically necessary. ACOEM Guidelines recommend surgery when there is failure of exercise programs to increase range of motion and strength of the musculature around the knee. There is no documentation of conservative treatment provided to the claimant for her symptoms. The recent MRI shows evidence of advanced tricompartmental degenerative change and no indication of an acute PCL injury. While the claimant subjectively has complaints of instability, the requested surgery does not correlate with the claimant's current imaging findings. There is also limited documentation of physical examination findings to support the need for surgery. Therefore, the medical records do not support the proposed surgery according to the guideline criteria. The request is not medically necessary.