

Case Number:	CM14-0183109		
Date Assigned:	11/07/2014	Date of Injury:	11/17/2011
Decision Date:	12/12/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopaedic 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 47-year-old male sustained an industrial injury on 11/17/11. Injury occurred when he slipped and fell off a roof, landing on his right side. Injuries were reported to the neck, back, right shoulder, right knee, and abdomen. Past medical history was positive for labile hypertension and diabetes. Past surgical history was positive for two prior right knee arthroscopies, the last one in 2012. The patient underwent right knee diagnostic arthroscopy with synovectomy and debridement, chondroplasty, partial medial and lateral meniscectomies, and arthroscopic shaving of the remnants of the anterior cruciate ligament (ACL) on 3/18/14. Operative findings documented a complete tear of the ACL. Extensive post-op physical therapy was provided with some improvement in strength and range of motion. The 9/15/14 treating physician report cited on-going right knee pain, weakness and instability. The patient denied locking but reported the knee gave out frequently. Ambulation was aided by a cane. Right knee exam documented tenderness to palpation over the medial joint line and patella. There was anterior instability with /positive Lachman's and anterior drawer tests. There was some medial instability noted. The collateral ligaments were intact. The treating physician noted arthroscopic exam of the right knee demonstrated a complete tear of the ACL. There was no locking following the recent surgery, but instability was increasing. Authorization was requested for ACL reconstruction. The 10/20/14 treating physician report cited on-going right knee pain with difficulty in prolonged standing, walking, and weight bearing activities. Instability was reported with the patient wearing a knee brace. Right knee exam documented wasting of the right quadriceps muscles and positive Lachman's and anterior drawer tests. Authorization was again requested for ACL reconstruction. The 10/24/14 utilization review denied the right knee surgery and associated requests as there was limited information with no detailed documentation of

recent conservative treatment. The 11/3/14 treating physician report requested authorization for 12 sessions of physical therapy to focus on hamstring strengthening to satisfy surgical criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee ACL reconstruction, debridement: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Anterior cruciate ligament (ACL) reconstruction

Decision rationale: The California MTUS guidelines state that anterior cruciate ligament (ACL) reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. Surgical reconstruction of the ACL may provide substantial benefit to active patients, especially those under 50 years old. The Official Disability Guidelines for ACL reconstruction generally require physical therapy or bracing, plus subjective clinical findings of pain with instability of the knee or significant effusion at the time of injury, or description of injury indicates rotary twisting or hyperextension incident. Objective clinical findings should demonstrate positive Lachman's sign, positive pivot shift, or positive KT 1000, and imaging findings of ACL disruption. Guideline criteria have been met. This patient presents with arthroscopic findings of complete ACL tear with significant symptoms of instability. Physical exam findings documented positive Lachman's and anterior drawer tests. Evidence of a recent comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical service: Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 29888, there is a "2" in the assistant

surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Associated surgical service: Cold Therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days, including home use. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.

Associated surgical service: Crutches: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-340.

Decision rationale: The California MTUS guidelines support the use of crutches for partial weight bearing for patients with cruciate ligament tears. This post-operative request is consistent with guidelines following anterior cruciate ligament reconstruction. Therefore, this request is medically necessary.

Associated surgical service: Don Joy Brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee brace

Decision rationale: The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture.

Guideline criteria have been met. This request for a knee brace following anterior cruciate ligament reconstruction is consistent with guidelines. Therefore, this request is medically necessary.

Associated surgical service: Facility: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hospital length of stay (LOS)

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for an anterior cruciate ligament reconstruction is one day or outpatient. The use of an outpatient facility would be consistent with the requested procedure and reasonable. Inpatient facility use would be reasonable for up to one day. However, this non-specific request for facility use does not allow for medical necessity to be established. Therefore, this request is not medically necessary.

Associated surgical service: 12 visits of post-op physical therapy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for anterior cruciate ligament repair suggest a general course of 24 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 8 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.

Associated surgical service: Pre-op Clearance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle-aged males with diabetes have known occult increased medical/cardiac risk factors. Additionally, records document that this patient has labile hypertension. Given these clinical indications, this request is medically necessary.