MAXIMUS Federal Services

Case Number:	CM14-0185489		
Date Assigned:	11/13/2014	Date of Injury:	05/29/2014
Decision Date:	12/16/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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 39-year-old male mechanic sustained an industrial injury on 5/29/14. The injury occurred when he fell 2 to 3 feet off a ladder. His left leg got caught and he felt a pop or snap in his knee with immediate pain and swelling. The progress reports from 5/30/14 to 8/27/14 noted persistent left knee pain and swelling with some popping and intermittent locking and buckling. Pain was increased with ambulation, flexion/extension and standing. Conservative treatment included physical therapy, activity modification, work restrictions, anti-inflammatory medications, and bracing. The 8/27/14 left knee MRI impression documented moderate joint effusion, lateral femoral condyle lateral tibial micro trabecular injury, partial medial collateral ligament tear, complex tear of the posterior horn and body of the medial meniscus, mild medial femoral tibial joint and patellofemoral joint degenerative changes, complete anterior cruciate ligament tear, possible small interstitial tear of the proximal posterior cruciate ligament, and mild tendinopathy or partial tear popliteus tendon. The 9/25/14 treating physician report noted pain had improved with use of a brace. A physical exam documented no effusion, range of motion 0-135 degrees, positive Lachman test with a soft end-point, negative valgus and varus stress, negative posterior drawer sign, mild medial joint line tenderness, positive McMurray's, and no left lower extremity focal motor deficits. Left knee x-rays were normal. MRI demonstrated rupture of the anterior cruciate ligament and medial meniscus tear. The treatment plan recommended anterior cruciate ligament reconstruction and partial medial meniscectomy or repair given the patient's young age and strenuous job. The patient remained on light duty. The 10/28/14 utilization review denied the left knee surgery and post-op physical therapy requests based on a lack of physical exam findings to warrant surgery intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Left Knee ACL Reconstruction with Meniscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anterior Cruciate Ligament (ACL) Tears.

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

Decision rationale: The California MTUS guidelines state that anterior cruciate ligament reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. In complete tears, consideration should be given to the patient's age, normal activity level, and the degree of knee instability caused by the tear. Surgical reconstruction of the ACL may provide substantial benefit to active patients, especially those less than 50 years old. MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have been met. History of injury, mechanical symptoms, and physical exam are consistent with imaging findings of complete anterior cruciate ligament tear and complex medial meniscus tear. The patient has been unable to return to full duty work. Evidence of over 4 months of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

16 Post Operative Physical Therapy Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

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 12 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.