

<b>Case Number:</b>	CM15-0011487		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker (IW) is a 38-year-old male who sustained an industrial injury on 10/18/13. The 10/14/14 left knee MRI improvement documented findings consistent with partial medial meniscectomy, intact medial and lateral collateral ligaments, mild joint effusion with synovitis, mild proximal patellar tendinitis, and grade 2 to 3 chondral changes in the medial facet consistent with chondromalacia patella. There was a chronic grade 3 injury of the anterior cruciate ligament with associated ACL stump distally and folded over itself anteriorly. There was a similar degenerative of anterior tibial translation approximately 11 mm anterior-posterior. The posterior cruciate ligament was intact. The 12/10/14 treating physician report cited left knee pain with associated locking and one episode of scraping. Physical exam documented antalgic gait, pain with resisted extension, patellar crepitus, and limited and painful squatting. The treatment plan included ibuprofen and omeprazole. The patient was off work. The 1/09/15 treating physician report indicated the left knee was very painful and the patient had not been able to have his medications filled. There was no documentation of objective findings. The treatment plan prescribed Meloxicam and Tramadol. Surgery was pending. On 01/15/2015 utilization review non-certified a request for left knee surgery arthroscopy/meniscectomy, arthrotomy ACL reconstruction and associated pre-operative testing and post-operative physical therapy, noting that there were no objective findings, focal left knee examination, or documented failure of conservative measures in the submitted records which would indicate medical necessity of surgical intervention. The ACOEM Guidelines, Chapter 13 Knee Complaints, Official Disability Guidelines (ODG), and MTUS Postsurgical Treatment guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee surgery arthroscopy/miniscectomy, Arthrotomy ACL reconstruction: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation Knee and Leg: Anterior cruciate ligament (ACL) reconstruction

**Decision rationale:** The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. MTUS guidelines state that anterior cruciate ligament reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. The Official Disability Guidelines for anterior cruciate ligament 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 not been met. This injured worker presents with persistent left knee pain with intermittent documentation of mechanical symptoms. There is no clear clinical exam evidence of instability or meniscal signs. There is imaging evidence of anterior cruciate ligament disruption. Imaging suggests prior medial meniscectomy but there is no documentation of surgery in the records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including therapy and bracing, and failure has not been submitted. Therefore, this request is not medically necessary at this time.

**Pre-op urine analysis: 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), lab testing

**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-op EKG: 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), Criteria for preoperative electrocardiogram (ECG)

**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-op CBC, PTT, PT, BMP:** 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), lab testing

**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.

**Physical therapy 3 x week x 4 weeks, left knee (12 sessions):** Upheld

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

**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.