

Case Number:	CM15-0016956		
Date Assigned:	02/05/2015	Date of Injury:	07/15/2012
Decision Date:	04/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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: New York
 Certification(s)/Specialty: Neurological 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 is a 25 year old male, who sustained an industrial injury on July 15, 2012. The diagnoses have included grade 111 tear of the anterior cruciate ligament of the right knee, history of right knee endoscopic ACL reconstruction with Achilles tendon allograft on October 12, 2012, fixation of the tibial side of the right ACL reconstruction with an 11 x 35mm Biosteon screw from Stryker with evidence of tibial tunnel osteolysis with protrusion of the screw and migration distally. Treatment to date has included right knee surgery, and medications. Currently, the injured worker complains of right knee symptoms. The Treating Physician's report dated January 6, 2015, noted there was evidence that the tibial screw from a previous anterior cruciate ligament reconstruction of the right knee, was backing out. The injured worker was noted to have been taking antibiotics, with some drainage from the knee noted. The knee was noted to have evidence of some granulation tissue at the base of the incision, with the area cleaned of drainage sterilely and a dressing applied. On January 13, 2015, Utilization Review non-certified a right knee diagnostic/operative arthroscopic meniscectomy vs. repair possible debridement and chondroplasty and open irrigation and debridement of tibial incision from previous ACL reconstruction and removal of tibial interference screw, possible bone graft of tibial tunnel, a urinalysis, an electrocardiogram (EKG), and chest x-ray. The UR Physician noted there was no meniscal tear and no focal osteochondral defect, therefore a right knee diagnostic/operative arthroscopy, open irrigation and debridement of tibial incision from previous ACL reconstruction and removal of tibial interference screw, possible bone graft of tibial tunnel was certified citing the MTUS American College of Occupational and

Environmental Medicine Guidelines and the Official Disability Guidelines (ODG). The UR Physician noted there was no medical history in the young, 24 year old, and the urinalysis, EKG, and chest x-ray were not certified, citing non MTUS guidelines. On January 29, 2015, the injured worker submitted an application for IMR for review of a right knee diagnostic/operative arthroscopic meniscectomy vs. repair possible debridement and chondroplasty and open irrigation and debridement of tibial incision from previous ACL reconstruction and removal of tibial interference screw, possible bone graft of tibial tunnel, a urinalysis, an electrocardiogram (EKG), and chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rt. Knee Diagnostic Arthroscopic Meniscectomy vs. Repair Possible Debridement & Chondroplasty; Open Irrigation & Debridement Tibial Incision from Previous ACL Reconstruction & Remove Tibial Interference Screw, Possible Bone Graft of Tibial Tunnel:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-Hardware removal.

Decision rationale: The fact that documentation shows the tibial interference screw seems to be backing out and the inferior part of the wound has not healed points to infection. The ODG guidelines do not recommend hardware removal unless it is broken or infected. (I&D) irrigation and debridement of the tibial incision also suggests the provider is considering infection in this patient. The California MTUS guidelines note that infection is not a common complication of an ACL repair. The guidelines also note that graft is not recommended when inflammatory conditions exist. Thus the prudent part of the UR denial in limiting the scope of the proposed operation is following the guidelines. The requested treatment: Right knee diagnostic arthroscopic meniscectomy vs. repair Possible Debridement & Chondroplasty; Open irrigation & debridement tibial incision from previous ACL reconstruction & remove tibial interference screw, possible graft of tibial tunnel is not medically necessary and appropriate.

Associated surgical service: UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

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.

Associated surgical service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

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.

Associated surgical service: Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

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.