

Case Number:	CM15-0123385		
Date Assigned:	07/07/2015	Date of Injury:	10/11/2013
Decision Date:	09/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/26/2015

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: California
 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:

This 40-year-old man sustained an industrial injury on 10/11/2013 after falling off scaffolding. Evaluations include an undated left knee MRI. MRI left knee 5/1/15 demonstrates chronic appearing strain of the ACL. Diagnoses include sprain/strain of cruciate ligament of the knee. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 5/21/2015 show complaints of left knee pain. Recommendations include further surgical intervention including an assistant surgeon PA, in house pre-operative clearance, cold therapy unit rental, t-scope range of motion brace, crutches, post-operative physical therapy, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ACL (anterior cruciate ligament) reconstruction with meniscectomy and possible chondroplasty: Upheld

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

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

Decision rationale: The CA MTUS/ACOEM, Chapter 13, Knee Complaints, pages 344 states that ACL reconstruction is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. In addition, physical exam should demonstrate elements of instability with MRI demonstrating complete tear of the ACL. In this case, the exam notes from 5/21/15 do not demonstrate correlating evidence of instability with the MRI from 5/1/15, which does not demonstrate a complete tear of the ACL. Therefore, the request is not medically necessary.

Associated Service: Physician Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Service: Durable Medical Equipment (DME) T-Scope ROM (range of motion) Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Service: Durable Medical Equipment (DME) Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Service: Durable Medical Equipment (DME) Cold Therapy Unit (7 day rental):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Postoperative physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.