

Case Number:	CM15-0148592		
Date Assigned:	08/14/2015	Date of Injury:	04/10/2014
Decision Date:	12/01/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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, Indiana, Oregon
 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 is a 32 year old female who sustained an industrial injury 04-10-14. A review of the medical records reveals the injured worker is undergoing treatment for hypolordosis cervical spine, cervical disc desiccation and disc protrusion, left wrist median nerve neuritis and ganglion cyst, left shoulder supraspinatus tendinosis, thoracic spine disc desiccation and disc protrusion, bilateral knees internal derangement, left knee meniscal tear and focal chondral defects within the patella, partial thickness tear of the anterior cruciate ligament, and tibiofemoral and patellofemoral osteoarthritis; and right knee chondral defect at the patellofemoral joint, chondromalacia patella, partial thickness tear of the anterior cruciate ligament. Medical records (05-04-15) reveal the injured worker complains of pain rated at 9/10 in the bilateral knees. The physical exam (05-04-15) reveals the injured worker walks with an antalgic gait and does not favor one side or the other. She has an uneven gait disturbance. There is joint effusion of the left knee and a slight valgus of the right knee. She is able to squat with support but experiences pain, and is unable to duck walk. Tenderness to palpation is noted in the patella, medial and lateral joint lines of the knees bilaterally with clicking in the knees noted bilaterally with motion. There is crepitation and patellar grind bilaterally and decreased range of motion of the bilateral knees with pain, as ligamentous laxity of the anterior cruciate ligament of the bilateral knees. Prior treatment includes medications and physical therapy. The treating provider reports the MRI of the right knee (07-22-14) shows chondral defect at the patellofemoral joint, chondromalacia patella, partial thickness tear of the anterior cruciate ligament. The MRI of the left knee (07-22-14) shows meniscal tear and focal chondral defects

within the patella, partial thickness tear of the anterior cruciate ligament, and tibiofemoral and patellofemoral osteoarthritis. The original utilization review (07-22-15) non certified the request for bilateral knee surgeries with anterior cruciate ligament repairs, preoperative medical clearance for both surgeries, ENS rental, for 30 days, hinged knee brace, crutches, physical therapy for both knees for 8 sessions, and Norco 10/325 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, anterior cruciate ligament repair and arthroscopic debridement:
Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: 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 do not demonstrate evidence of instability and the MRI does not demonstrate a complete tear of the ACL. Therefore, the determination is for not medically necessary.

Left knee arthroscopy, anterior cruciate ligament repair, medial meniscus discectomy and arthroscopic debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: 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 do not demonstrate evidence of instability and the MRI does not demonstrate a complete tear of the ACL. Therefore, the determination is for not medically necessary.

Pre-op medical clearance for right knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov>- Perioperative protocol. Health care protocol..

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op medical clearance for left knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov>- Perioperative protocol. Health care protocol..

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: TENS unit (30 day rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg-online version- TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Hinged knee brace (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg- Walking aids.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Crutches (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg- Walking aids.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op medication Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG Pain-online version- Opioids.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op physical therapy- right knee- 2x week for 4 weeks, Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op physical therapy-left knee- 2x week for 4 weeks, Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.