

Case Number:	CM15-0172597		
Date Assigned:	09/14/2015	Date of Injury:	12/30/2013
Decision Date:	11/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/01/2015

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 47 year old male who sustained an industrial injury on 12-30-13. He is status post left knee anterior cruciate ligament reconstruction 4-8-14. Previous treatment includes physical therapy, home exercise, brace, crutches, cane, medication, ice, and a second opinion. An MRI done 9-25-14 reveals findings of vertically oriented peripheral tear suspected in the posterior horn and body of the medial meniscus extending to the undersurface of the meniscus, correlate with surgical history to fully exclude post-surgical change, small inner surface tear in the mid-body of the lateral meniscus, moderate to severe patellofemoral chondrosis, post-operative changes in anterior cruciate ligament reconstruction, the graft appears intact, post-surgical change and scarring in Hoffa's fat pad. In a comprehensive report dated 5-20-15, the physician notes he has made a poor functional recovery since his surgery. He has difficulty walking up and down stairs, bearing weight, is unable to run and continues to have pain with activities of daily living about his home. He notes he goes to the gym nearly every day. He continues to complain of an unstable feeling in his left knee. Pain ranges from a 0 to an 8 out of 10. Current medication is Ibuprofen. There is stark atrophy of the quadriceps. He can actively range his knee to 5 degrees of extension and flex his knee to 110 degrees. He is unable to hold his knee at 0 degrees of extension against gravity. McMurray's is mildly positive medially. He has not returned to work as modified duty was not available. In an orthopedic progress note dated 7-14-15, the physician reports exam of the knee shows no significant changes from his last visit. There is tenderness diffusely about the knee. The assessment is left knee anterior cruciate ligament surgery with decreased functional ability. The plan is to complete his physical therapy and will request surgery if he is not improved. A request for authorization is dated 7-14-15. The requested treatment of left knee arthroscopy and possible anterior cruciate ligament revision

surgery, pre-operative EKG, pre-operative assistant surgeon, pre-operative appointment, and pre-operative lab work was non-certified on 8-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy and Possible ACL Revision Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Diagnostic Arthroscopy (2015).

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

Decision rationale: CAMTUS/ACOEM, Chapter 13 knee complaints, page 344 recommends MRI to confirm the diagnosis of ACL tear prior to treatment. Based on the records provided there is no MRI evidence of ACL tear and the request is not medically necessary.

Pre-op EKG: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

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

Pre-op Appointment: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Lab Work: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.