MAXIMUS Federal Services

Case Number:	CM15-0065141		
Date Assigned:	04/20/2015	Date of Injury:	09/08/2014
Decision Date:	05/21/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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: Minnesota, Florida
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 46 year old male who sustained an industrial injury on 09/08/2014. Current diagnoses include partial ACL tear with insufficiency-left knee and left knee patellar chondromalacia. Previous treatments included medication management, and physical therapy. Previous diagnostic studies included an MRI of the left knee. Initial complaints included left knee pain. Report dated 02/25/2015 noted that the injured worker presented with complaints that included pain, stiffness, and weakness in the left knee. Pain level was rated as 4-6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included discussion of treatment. Disputed treatments include left knee ACL reconstruction with posterior tibialis/anterior tibialis allograft and pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee ACL Reconstruction with Posterior Tibialis/Anterior Tibialis Allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344 and 347.

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

Decision rationale: California MTUS guidelines indicate anterior cruciate ligament reconstruction for patients who have significant symptoms of instability caused by ACL incompetence. A history of frequent giving way episodes or falls during activities that involve knee rotation is consistent with the condition. Physical examination may reveal clear signs of instability as shown by positive Lachman, anterior drawer, and pivot shift tests. It is important to confirm the clinical findings with MRI evidence of a complete tear in the ligament. Especially in cases involving partial ACL tears, substantial improvement in symptoms may occur with rehabilitation alone. In this case there is no evidence of a complete tear on the MRI scan. There is no documentation of frequent giving way and instability resulting in falls. As such, the request for an ACL reconstruction with allograft is not supported and the medical necessity of the request has not been substantiated.

Pre-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

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

Decision rationale: Since the primary surgical procedure is not medically necessary, the associated surgical requests are also not medically necessary.