MAXIMUS Federal Services

Case Number:	CM15-0096652		
Date Assigned:	05/27/2015	Date of Injury:	10/18/2014
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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: Illinois, California, Texas
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 36-year-old male who sustained a work related injury on 10/18/14. Injury occurred while he was performing physical training as a deputy sheriff. He twisted his right knee and felt a pop. The 11/13/14 right knee MRI impression documented a diffusely abnormal appearance to the anterior cruciate ligament (ACL) with increased signal throughout the ligament and mild ill definition to the ligament fibers with additional mild irregularity in the proximal third of the ligament, compatible with intermediate to high-grade ACL sprain. There was marrow edema in the lateral tibial plateau posteriorly and the anterior to mid-portion of the lateral femoral condyle, compatible with recent bone marrow contusion injury. There was a large suprapatellar joint effusion. There was a grade 1 medial collateral ligament, mild grade 2 fibular collateral ligament sprains, and no meniscal tearing. Conservative treatment included activity modification, crutches, immobilizer, medications, and physical therapy. The 3/30/15 orthopedic report cited continued right knee pain and swelling precluding return to full duty work. Physical exam documented mild laxity in anterior drawer and valgus stress, positive Lachman's and pivot shift, and full range of motion. MRI review noted the ACL to be diffusely abnormal with no apparent full thickness tear, however there was a large knee effusion with characteristic bone bruising consistent with ACL injury. He reported occasional buckling when descending stairs, continued popping and unstable feeling in full squat, and intermittent instability and swelling. He had not improved functionally in therapy in the last few weeks. He was only able to run short distances. The treatment plan recommended possible ACL reconstruction and referral to a surgeon. The 4/17/15 orthopedic report cited a 5-month history of knee pain. Symptoms had not

improved. Current complaints included pain and instability. Physical exam documented no effusion, no atrophy, range of motion 0-140 degrees, and no crepitus with range of motion, normal alignment, and good patellar tracking and alignment with no apprehension. There was no pain with patellar compression/grind. The knee was stable to varus and valgus stress. Lachman's was positive. McMurray's was negative. There was no tenderness over the medial joint line or medial or lateral collateral ligaments. Imaging showed an ACL tear. The clinical exam was reported consistent with ACL tear. He had tried physical therapy and bracing. Authorization was requested for right ACL reconstruction with autograft, and post-operative brace, continuous passive motion (CPM) rental for 3 weeks, and cold therapy unit. The 5/6/15 utilization review non-certified the right ACL reconstruction with autograft and associated post-operative durable medical equipment as there was no imaging evidence of a full tear, physical exam findings were mild, and significant improvement was noted with therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ACL (anterior cruciate ligament) Reconstruction with Autograft: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Anterior cruciate ligament (ACL) reconstruction.

Decision rationale: The California MTUS guidelines state that anterior cruciate ligament reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. In cases involving partial tears, substantial improvement in symptoms may occur with rehabilitation alone. Surgical reconstruction of the ACL may provide substantial benefit to active patients, especially those under 50 years old. The Official Disability Guidelines for anterior cruciate ligament reconstruction generally require physical therapy or bracing, plus subjective clinical findings of pain with instability of the knee or significant effusion at the time of injury or description of injury indicates rotary twisting or hyperextension incident. Objective clinical findings should demonstrate positive Lachman's sign, positive pivot shift, or positive KT 1000, and imaging findings of ACL disruption. Guideline criteria have been met. This injured worker presents with right knee pain and intermittent instability and swelling, occasional bucking, and popping. Functional limitations preclude return to full duty work. Clinical exam findings are consistent with imaging evidence of plausible anterior cruciate ligament disruption. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Post operative Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Walking aids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. This request for post-op bracing is consistent with guidelines. Therefore, this request is medically necessary.

Post operative CPM (continuous passive motion) rental, 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Continuous Passive Motion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Continuous passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for a continuous passive motion (CPM) unit following anterior cruciate ligament reconstruction. The Official Disability Guidelines recommend the use of CPM devices in the acute hospital setting for no more than 21 days following ACL reconstruction if inpatient. Guideline criteria have essentially been met. There is reasonable guideline support for the use of a continuous passive motion unit for 3 weeks following an outpatient ACL reconstruction. Therefore, this request is medically necessary.

Post operative Cold Therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Game Ready accelerated recovery system; Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Continuous flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use, which is not consistent with guidelines. Therefore, this request is not medically necessary.