

Case Number:	CM15-0099091		
Date Assigned:	06/01/2015	Date of Injury:	03/23/2015
Decision Date:	08/28/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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 53 year old female, who sustained an industrial injury on 3/23/2015. The current diagnoses are meniscal tear, right knee and acute anterior cruciate ligament tear, right knee. According to the progress report dated 5/4/2015, the injured worker complains of right knee pain. The level of pain is not rated. The physical examination of the right knee reveals tenderness over the medial joint line, swelling, and painful and limited range of motion. The current medications are Ibuprofen. Treatment to date has included medication management, MRI studies, and physical therapy. The plan of care includes right knee arthroscopy with meniscal repair and ACL reconstruction using hamstring allograft and internal fixation for the meniscal repair/ACL reconstruction, surgical assistant, 12 post-operative physical therapy sessions, cold therapy unit for 7 days, cold compression machine for 3 weeks, and Bledsoe brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with meniscal repair and ACL reconstruction using hamstring allograft and internal fixation for the meniscal repair ACL reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: CA MTUS/ACOEM, Chapter 13, Knee Complaints, page 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 5/4/15 do not demonstrate evidence of instability. Therefore, the request is not medically necessary.

Surgical assistant: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cold therapy unit for 7 days: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cold compression machine for 3 weeks: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Bledsoe brace: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.