
Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/26/2013

12/17/2011

7/26/2013

CM13-0003815

- 1) MAXIMUS Federal Services, Inc. has determined the request for left knee scope, screw/hardware removal, and bone graft **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for ACL reconstruction and meniscal transplant **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for anterolateral ligament reconstruction **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for left knee scope, screw/hardware removal, and bone graft **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for ACL reconstruction and meniscal transplant **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for anterolateral ligament reconstruction **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 26, 2013:

RATIONALE FOR DETERMINATION:

The request for service form indicates there was knee pain and a previously completed anterior cruciate ligament reconstruction. The July 10, 2013, follow-up progress note indicated the claimant is a 20-year-old woman, with a five-year history of a left knee anterior cruciate ligament reconstruction. Furthermore, a revision of the surgery was completed on July 12, 2012. At that time, most of the medial meniscus was removed. The physical examination notes 5 degrees to 140 degrees of knee range of motion. There was no noted atrophy, sensation was intact, and strength was listed as 5/5. There was a positive Lachman's and a positive pivot shift test. Plain films noted no narrowing, two screws in place, and a normal alignment. The assessment was status post left knee anterior cruciate ligament reconstruction (x2) with residual instability. When considering the age of the claimant, the surgery already completed, and the current physical examination findings, it is clear that there is an incompetent knee with respect to the anterior cruciate ligament. However, the efficacy and utility of a third procedure in a woman of this age is not objectified. In addition, the requesting physician stated in the records provided that they are in the evaluation state and they are completing a CT scan to evaluate bone tunnels. Therefore, it is currently premature to endorse the surgical interventions requested, pending the outline of a specific treatment plan. Accordingly, the request is recommended for non-certification.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/26/13)
- Utilization Review Determination from [REDACTED] (dated 7/26/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request left knee scope, screw/hardware removal, and bone graft :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Knee Chapter, Table 2, Chronic Pain Medical Treatment Guidelines (2009), which are part of Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines (ODG), Section: Knee and Leg, which is not part of MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Wheelless Online, anterior cruciate ligament publication.

Rationale for the Decision:

The employee sustained a work-related injury on 12/17/11 resulting in left knee injury. The medical records provided for review indicate treatments have included conservative care. The request is for left knee scope, screw/hardware removal, and bone graft.

The Wheelless Online publication discusses the complications from the surgical intervention, such as tibial tunnel syndrome. The medical records provided for review indicate the most recent significant imaging is from 2011 which would be considered out dated for such treatment. The last clinical notes recommend a CT scan, however, it is unclear if the CT scan was obtained and if so what the result might have been. There is lack of documentation of pertinent information in this case. **The request for left knee scope, screw/hardware removal, and bone graft is not medically necessary and appropriate.**

2) Regarding the request for ACL reconstruction and meniscal transplant :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

Chronic Pain Medical Treatment Guidelines (2009), which are part of Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines (ODG), Section: Knee and Leg, which is not part of MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on ACOEM, Knee Chapter, ACL Tear section and ODG, Knee Chapter, Indications for Surgery section.

Rationale for the Decision:

The employee sustained a work-related injury on 12/17/11 resulting in left knee injury. The medical records provided for review indicate treatments have included conservative care. The request is for ACL reconstruction and meniscal transplant.

The MTUS ACOEM Guidelines state Anterior cruciate ligament reconstruction generally is warranted only for individuals who have significant symptoms of instability caused by ACL incompetence. It is important to confirm the clinical findings with MRI evidence of a complete tear in the ligament. In this case, the most recent significant imaging is from 2011 which would be considered out dated for such treatment. The last clinical notes recommend a CT scan, however, it is unclear if the CT scan was obtained and if so what the result might have been. There is lack of documentation of pertinent information in this case. **The request for ACL reconstruction and meniscal transplant is not medically necessary and appropriate.**

3) Regarding the request anterolateral ligament reconstruction :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain Medical Treatment Guidelines (2009), which are part of Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines (ODG), Section: Knee and Leg, which is not part of MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on The Expert Reviewer based his/her decision on Wheelless Online, anterolateral rotator instability literature.

Rationale for the Decision:

The employee sustained a work-related injury on 12/17/11 resulting in left knee injury. The medical records provided for review indicate treatments have included conservative care. The request is for anterolateral ligament reconstruction.

The Wheelless Online publication discusses the various disrupted structures in the knee. However, in this case, there is a lack of recent imaging studies. **The request for anterolateral ligament reconstruction is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.