

Case Number:	CM13-0071967		
Date Assigned:	12/31/2013	Date of Injury:	10/17/2013
Decision Date:	01/10/2014	UR Denial Date:	12/10/2013
Priority:	Expedited	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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/services.

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 patient is a 52-year-old male who reported an injury on 10/17/2013 due to a fall while riding a bicycle. The patient has continued pain complaints rated at a 5/10 that are exacerbated by prolonged walking and alleviated with rest. The patient's medications included Naprosyn and Prilosec. Physical findings included gait favoring the left lower extremity, range of motion described as 0 degrees in extension and 135 to 130 degrees in flexion. The patient did have medial joint line tenderness and a positive grinding test with laxity of the ACL noted. The patient underwent an MRI that revealed that there was a full thickness tear of the anterior cruciate ligament and a large amount of joint effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic reconstruction of ACL and meniscectomy, left knee QTY: 1: 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): 343-345.

Decision rationale: The requested arthroscopic reconstruction of the ACL and meniscectomy of the left knee are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a large joint effusion and a full thickness tear of the anterior cruciate ligament. Physical findings do support that the patient has laxity of

the ACL. The American College of Occupational and Environmental Medicine states, "Surgical reconstruction of the ACL may provide substantial benefit to active patients, especially those under 50 years old." The clinical documentation submitted for review does provide evidence that the patient is under 50 years of old and may benefit from ACL reconstruction. However, the American College of Occupational and Environmental Medicine only recommends arthroscopic repair of a meniscus tear when there is clear evidence of a meniscus tear. The clinical documentation submitted for review does not provide any physical findings aside from medial joint line tenderness to support a meniscus tear. Additionally, a meniscus tear is not revealed on the imaging study submitted for review. Although the request for the ACL reconstruction is indicated, the request as it is written in combination with meniscectomy is not supported by the documentation. As such, the arthroscopic reconstruction of the ACL and meniscectomy of the left knee (Quantity: 1.00) are not medically necessary or appropriate.

Post-operative physical therapy 3 times weekly for 6 weeks QTY: 18:

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

Assistant surgeon QYT: 1:

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