

<b>Case Number:</b>	CM13-0025229		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	06/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 32-year-old gentleman who was injured in work related accident on 07/30/10 sustaining an injury to the right knee. Clinical records available for review in regards to his right knee indicate, most recent clinical assessment of May 10, 2013 with [REDACTED], indicating follow up of an anterior cruciate ligament (ACL) tear where he has been treated conservatively. It stated review of an MRI from September of 2012 shows a tear to the anterior cruciate ligament with a small tear to the insertion of the medial collateral ligament (MCL) with remainder of examination being negative. Objectively, at that date, he was with positive anterior drawer, Lachman and pivot shift with no effusion and +1 medial collateral ligament laxity. A long discussion regarding surgical reconstruction took place and based on the claimant's instability, authorization for surgery was recommended at that time. Further documentation of treatment or clinical records is unavailable

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for right knee anterior cruciate ligament reconstruction:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

**Decision rationale:** Based on California ACOEM Guidelines, anterior cruciate ligament reconstruction would appear medically necessary. The claimant is with a diagnosis of ACL tearing with documented instability on examination and an MRI that confirms the diagnosis. Given his continued clinical instability, the role of reconstruction, even at this chronic stage in the clinical course of care, would appear warranted.

**Request for pre-operative testing Chem 20 Panel:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)--Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure

**Decision rationale:** California MTUS Guidelines are silent, when looking at Official Disability Guidelines, preoperative laboratory assessment would appear medically necessary. The claimant has to undergo operative intervention thus the role of preoperative assessment for both preoperative health assessment and anesthesia assessment would be warranted.

**Request for electrocardiogram (EKG):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure- Preoperative Electrocardiogram (EKG)

**Decision rationale:** California MTUS Guidelines are silent, when looking at Official Disability Guidelines; preoperative electrocardiogram would not be indicated. This is a young, 32-year-old individual with no documented history of cardiac issues or history. Official Disability Guidelines indicates no need for electrocardiogram in the low risk surgical population. Clinical records would not support the role of this test at this time.