

<b>Case Number:</b>	CM13-0052576		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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:

54 year old male status post industrial injury on 4/19/11. MRI right knee 5/6/11 demonstrates tear ACL. Status post ACL reconstruction 7/28/11. MRI right knee 2/21/12 demonstrates intact ACL graft with normal medial and lateral meniscus. 3/27/13 exam note demonstrates severe burning in knee with diagnosis of chondromalacia patella and probable medial meniscus tear. Status post 5/30/13 Operative report of partial ACL tear with notch impingement. Status post notchplasty with debridement. Exam note 10/18/13 demonstrates report of increasing instability per provider. 2-3+ Lachman noted. Request for revision arthroscopic right ACL reconstruction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision Arthroscopic right ACL Reconstruction: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of anterior cruciate ligament reconstruction. According to the Official Disability Guidelines regarding Anterior cruciate ligament (ACL) reconstruction states that the ODG Indications for Surgery -- Anterior cruciate

ligament (ACL) reconstruction: 1. Conservative Care: (This step not required for acute injury with hemarthrosis.) Physical therapy. OR Brace. PLUS 2. Subjective Clinical Findings: Pain alone is not an indication for surgery. Instability of the knee, described as "buckling or give way". OR Significant effusion at the time of injury. OR Description of injury indicates rotary twisting or hyperextension incident. PLUS 3. Objective Clinical Findings (in order of preference): Positive Lachman's sign. OR Positive pivot shift. OR (optional) Positive KT 1000 (>3-5 mm = +1, >5-7 mm = + 2, >7 mm = +3). PLUS 4. Imaging Clinical Findings: (Not required if acute effusion, hemarthrosis, and instability; or documented history of effusion, hemarthrosis, and instability.) Required for ACL disruption on: Magnetic resonance imaging (MRI). OR Arthroscopy OR Arthrogram. In this case there is no evidence on MRI of anterior cruciate ligament re-tear to satisfy the above guidelines. Therefore the determination is non-certification as it is not medically necessary.

**Assistant Surgeon:** Upheld

**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:** As the surgical procedure is non-certified, the decision for an assistant surgeon is also non-certified.

**Postoperative Physical Therapy 2 x 6:** Upheld

**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:** As the surgical procedure is non-certified, the decision for postoperative physical therapy is also non-certified.

**Cold Therapy Unit:** Upheld

**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:** As the surgical procedure is non-certified, the decision for cold therapy unit is also non-certified.