

<b>Case Number:</b>	CM13-0054232		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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. The expert 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 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:

This is a 24-year-old gentleman who was injured in a work related accident on 06/28/13 sustaining an injury to the left knee. The records for review include an MRI report of 08/31/13 demonstrating a complex tear to the posterior horn of the medial meniscus with focal area of cartilage loss over the medial femoral condyle. There was noted to be a tear to the anterior cruciate ligament with lack of edematous change indicating potential chronicity. Orthopedic report of 10/02/13 showed subjective complaints of stiffness and pain despite conservative care. It states injury occurred when the claimant fell off of a ladder. He has had difficulty ambulating. Objectively there was positive restricted range of motion with 20 to 120 degrees of motion, stiffness and guarding. The claimant's knee did not show laxity with anterior drawer or Lachman testing. There was medial joint line tenderness to palpation. Surgical process including anterior cruciate ligament reconstruction with meniscal procedure was recommended at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ARTHROSCOPY WITH MENISCAL DEBRIDEMENT WITH POSSIBLE ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION USING CADAVERIC ALLOGRAFT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344-345.

**Decision rationale:** Based on California ACOEM Guidelines, surgical process to the claimant's meniscus and anterior cruciate ligament would not be indicated. While the claimant was noted to sustain an acute injury with complex tearing of the meniscus, his anterior cruciate ligament injury appears to be chronic in nature with current clinical presentation inconsistent with instability and physical examination findings failing to demonstrate an unstable ligamentous examination. The lack of documentation of acute clinical findings in regards to the claimant's anterior cruciate ligament would fail to necessitate the current surgical request.