

<b>Case Number:</b>	CM14-0000935		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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, has a subspecialty in Sports Medicine 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:

The injured worker is a 39-year-old male who reported an injury on 03/10/2009. The mechanism of injury was not specifically stated. Current diagnoses include status post lumbar spine surgery in 2011, status post multiple injections to bilateral knees, failed low back surgery, low back syndrome, bilateral knee internal derangement, bilateral knee anterior/posterior cruciates, bilateral knee medial meniscal tear, chondromalacia patella, depression, and insomnia. The injured worker was evaluated on 11/05/2013. The injured worker reported 6/10 bilateral knee pain. The injured worker has been previously treated with 3 cortisone injections into bilateral knees. Previous conservative treatment also includes an epidural steroid injection into the lumbar spine. Physical examination of bilateral knees revealed tenderness to palpation of the medial and lateral joint lines, mild effusion on the right, and limited range of motion bilaterally. Treatment recommendations included authorization for a right knee ACL debridement and medial meniscal repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACL DEBRIDEMENT AND MEDIAL MENISCAL REPAIR, RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, CHAPTER 13, 344

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-345.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. ACL reconstruction is generally warranted only in patients who have significant symptoms of instability caused by ACL incompetence. Arthroscopic meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with mild effusion. There is no documentation of significant instability. There were also no imaging studies provided for review. Based on the clinical information received, the request for ACL DEBRIDEMENT AND MEDIAL MENISCAL REPAIR, RIGHT KNEE is non-certified.