

<b>Case Number:</b>	CM14-0003725		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Shoulder and Elbow 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:

The injured worker is a 64-year-old female who reported an injury on 07/14/2011. The mechanism of injury was the injured worker was pulling several carts into the store and pulled them sideways to make them straight. As the injured worker pulled them, she felt a sharp pain in her left knee. The injured worker underwent an MRI of the left knee on 03/22/2013 which revealed full thickness chondral defects within the lateral facet of the patella with adjacent neural edema. There was a linear oblique high signal within the body and posterior horn of the medial meniscus extending to the tibial articular surface that was consistent with an oblique tear. The lateral meniscus was intact. There was a small amount of fluid seen between the body of the medial meniscus and medial collateral ligament consistent with meniscocapsular separation. There was laxity of the medial collateral ligament. The lateral collateral ligament was intact. There was a partial thickness tear of the anterior cruciate ligament and the posterior cruciate ligament was intact. The documentation of 07/29/2013 revealed diagnoses of tear of the medial meniscus left knee, partial tear of the anterior cruciate ligament of the left knee, and strain of the right ankle with possible tear of the anterior talofibular ligament. The treatment plan included an arthroscopy of the left knee. The request was made for a cortisone injection to the right ankle. The documentation of 09/09/2013 revealed the injured worker had complaints of pain and swelling in the right knee. The injured worker complained of pain in the right ankle following long periods of standing. The physical examination of the left knee revealed the injured worker had antalgic component to the gait, favoring the left knee. The injured worker had tenderness over the medial joint line and slight swelling of the left knee. The range of motion was 0 to 110 degrees. The McMurray's test created pain, but was noted not to be a positive finding. The documentation indicated the physician had received a denial letter and would be sending the injured worker over for physical therapy 3 times a week for 3 weeks to see if it aided in pain

control. The injured worker was notified that a cortisone injection was an option for the left knee if therapy failed, but the injured worker elected not to have that done. The documentation of 10/21/2013 revealed the injured worker recently started physical therapy for the left knee and ankle and had 3 sessions and the injured worker indicated the physical therapy was helping more than anything else. The treatment plan was continuation of physical therapy for 12 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ARTHROSCOPIC PROCEDURE TO THE LEFT KNEE WITH PARTIAL MEDIAL MENISCECTOMY POSSIBLE ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION WITH ALLOGRAFT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Amniotic membrane allograft (AmnioFix)

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of an exercise program to increase range of motion and strength of the musculature around the knee. Anterior cruciate ligament reconstruction is warranted for injured workers who have significant symptoms of instability caused by ACL incompetence. There should be documentation of a history of frequent giving-way episodes or falls during activities that involve knee rotation. A physical examination may reveal clear signs of instability such as the positive Lachman, positive drawer and pivot shift tests. These findings should be corroborated with MRI evidence of a complete tear of the ligament. Additionally, they indicate that a partial meniscectomy is appropriate when injured workers have symptoms other than simply pain, including locking, popping, giving-way, or recurrent effusion, clear signs of a bucket handle tear on examination, which include tenderness over the suspected tear but not the entire joint line or lack of full passive flexion and consistent findings on an MRI. The clinical documentation submitted for review indicated the injured worker had a partial tear of the mensicus and a partial tear of the anterior cruciate ligement. There was a lack of documentation indicating a completion of physical therapy. It was indicated the injured worker had 3 physical therapy treatments. The injured worker indicated the physical therapy had helped more than anything. As such, the request would not be supported. The request for the allograft failed to indicate the type of allograft being requested. The allograft would not be supported. Given the above, the request for arthroscopic procedure to the left knee with partial medial mensicectomy possible anterior cruciate ligament reconstruction with allograft is not medically necessary.