

<b>Case Number:</b>	CM14-0004665		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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, and is licensed to practice in the state of 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:

According to the records made available for review, this is a 53-year-old male with an 8/23/11 date of injury, status post ACL repair with partial synovectomy and removal of plica on 4/19/12, and status post incision and drainage with removal of hardware due to infection and patellofemoral degenerative joint disease on 10/2/12. At the time (12/6/13) of request for authorization for left knee arthroscopy & tibial tunnel debridement, open infection @ [REDACTED], there is documentation of subjective (left knee pain) and objective (tenderness to palpation over the anterior pretibial area with bony prominence at the tibial tunnel site, left knee range of motion of 0-120 degrees, poor quadriceps tone and strength with painful patellofemoral compression and mild crepitus with motion) findings, imaging findings (MRI of the left knee (11/19/13) report revealed an intact ACL reconstruction graft, thinning of the cartilage along the surface of the medial femoral condyle with no cartilaginous defect identified), current diagnoses (ACL tear status post reconstruction with revision due to infection and left knee osteoarthritis primarily in the patellofemoral compartment), and treatment to date (ACL reconstruction with revision secondary to infection, steroid injection, and medication). In addition, medical report plan identifies left knee chondroplasty to address patellofemoral degenerative joint disease and open debridement of the tibial tunnel site. There is no documentation of additional subjective findings (functional limitations continue despite conservative care) and additional conservative care (failure of exercise programs to increase the range of motion and strength of the musculature around the knee).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ARTHROSCOPY & TIBIAL TUNNEL DEBRIDEMENT, OPEN INFECTION @ [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter knee, Chondroplasty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Diagnostic arthroscopy.

**Decision rationale:** MTUS reference to ACOEM guidelines state that referral for surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of subjective findings (pain and functional limitations continue despite conservative care), imaging findings (imaging is inconclusive), and conservative care (medications; physical modalities), as criteria necessary to support the medical necessity of a diagnostic arthroscopy. Within the medical information available for review, there is documentation of diagnoses of ACL tear status post reconstruction with revision due to infection and left knee osteoarthritis primarily in the patellofemoral compartment. In addition, there is documentation of subjective findings (left knee pain), imaging findings (imaging is inconclusive), and conservative care (medications). However, there is no documentation of additional subjective findings (functional limitations continue despite conservative care) and additional conservative care (failure of exercise programs to increase the range of motion and strength of the musculature around the knee). Therefore, based on guidelines and a review of the evidence, the request for left knee arthroscopy & tibial tunnel debridement, open infection @ [REDACTED] is not medically necessary.