

<b>Case Number:</b>	CM14-0005600		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	05/12/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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:

Patient is a 53-year-old female who has submitted a claim for ACL tear with osteochondral injury, and secondary chronic left foot sprain associated with an industrial injury date of 05/12/2013. Medical records from 2013 were reviewed. Patient complained of left knee pain resulting to difficulty walking. Patient likewise experienced left foot pain secondary to compensatory changes in gait. Physical examination revealed tenderness and restricted range of motion towards flexion at 110 degrees. Drawer sign, Lachman test, and McMurray's sign were positive. Neurovascular signs were intact. X-ray of the left knee, dated 05/04/2013, revealed small effusion. MRI of the left knee, dated 06/24/2013, revealed 18 mm osteochondral lesion noted to involve the posterior aspect of the lateral tibial plateau. The ossicular component of this lesion had heterogeneous bright T2-weighted signal within. The overlying articular cartilage appeared well-preserved. Attenuated ACL proximally; the ligament appeared intact though may be functionally unstable. There was mild diffuse chondromalacia involving all three compartments. Both medial and lateral meniscus were normal, without visible tear or significant degeneration. Treatment to date has included use of a knee brace and intake of NSAIDs. Utilization review from 12/30/2013 denied the request for arthroscopic allograft ACL reconstruction meniscal repair vs EX crutches because the MRI findings did not document presence of meniscal tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ARTHROSCOPIC ALLOGRAFT ACL RECONSTRUCTION MENISCAL REPAIR VS. EX CRUTCHES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Meniscectomy

**Decision rationale:** Page 344 of CA MTUS ACOEM Practice Guidelines states that anterior cruciate ligament reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. Arthroscopic partial meniscectomy usually has a high success rate for case where there is clear evidence of a meniscus tear: symptoms other than simply pain (locking, popping, giving way, or recurrent effusion), clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, failure of conservative care is an indication for meniscectomy as stated in ODG. In this case, patient complained of left knee pain resulting to difficulty walking. This was corroborated by objective findings of tenderness, restricted range of motion, and positive drawer sign, Lachman test, and McMurray's sign. MRI of the left knee, dated 06/24/2013, revealed 18 mm osteochondral lesion noted to involve the posterior aspect of the lateral tibial plateau; attenuated ACL proximally. The medical necessity for ACL repair has been established. However, the present request also includes meniscal repair. MRI findings revealed that both medial and lateral meniscus were normal, without visible tear or significant degeneration. Moreover, patient was authorized to undergo 8 sessions of physical therapy; however, there was no documentation concerning functional outcomes. Failure of conservative management was not established in this case. Furthermore, since the request for surgery has been deemed not medically necessary, the dependent request for crutches is likewise unnecessary. Based on the aforementioned reasons, the request for Arthroscopic Allograft ACL Reconstruction Meniscal Repair vs. Ex Crutches is not medically necessary.