

<b>Case Number:</b>	CM14-0009664		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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 37-year-old male driver sustained an industrial injury on 1/14/09. He twisted his left knee and heard a pop while lifting a coffee table. He underwent a left partial medial and lateral meniscectomy in 2009 and returned to work. He twisted the left knee again, heard a pop and had recurrent pain. He underwent left knee arthroscopy, synovectomy, plica resection, and partial medial meniscectomy on 12/6/10. Pain did not improve with surgery and he did not return to work. The patient underwent left knee arthroscopic lateral release on 12/19/13 for persistent pain. The 12/27/13 treating physician report indicated that the left knee wounds were healing nicely and the patient was to start working on range of motion and home quadriceps strengthening exercises. Intra-operatively, the patient was noted to have an anterior cruciate ligament (ACL) tear involving about 70-80% thickness of the ACL. The ACL was avulsed off the lateral wall of the intra-condylar notch. The menisci had no further tearing and the chondral surfaces were intact. The treatment plan recommended a left knee ACL reconstruction with allograft versus autograft. The patient reportedly was not a candidate for outpatient rehab with the ACL tear. The 1/14/14 utilization review denied the 12/27/13 surgical request as the provided clinical information did not establish the medical necessity of the proposed surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KNEE ARTHROSCOPY / SURGERY, LEFT KNEE ANTERIOR CRUCIATE LIGAMENT (ACL) WITH ALLOGRAFT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg; Anterior Cruciate Ligament (ACL) Reconstruction.

**Decision rationale:** The California MTUS do not provide recommendations for anterior cruciate ligament reconstruction in chronic knee complaints. The Official Disability Guidelines for anterior cruciate ligament reconstruction generally require physical therapy or bracing, plus subjective clinical findings of pain with instability of the knee or significant effusion at the time of injury, or description of injury indicates rotary twisting or hyperextension incident. Objective clinical findings should demonstrate positive Lachman's sign, positive pivot shift, or positive KT 1000, and imaging findings of ACL disruption. Guideline criteria have not been met. There are no subjective or clinical exam findings documented to support the medical necessity of anterior cruciate ligament reconstruction consistent with guidelines. There is no detailed documentation that recent comprehensive conservative treatment for an ACL tear had been tried and failed. Therefore, this request for left knee anterior cruciate ligament reconstruction with allograft is not medically necessary.