

<b>Case Number:</b>	CM14-0121620		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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:

The claimant is a 41-year-old gentleman who injured his left knee on September 15, 2010. The records provided for review included a June 15, 2014, office note documenting chronic complaints of left knee pain, locking and mechanical sensation. Physical examination showed 0 to 130 degrees range of motion with positive lateral ligamentous laxity and anterior drawer testing. A February 25, 2014, MRI report showed a "lax" appearance to the proximal anterior cruciate ligament fibers, consistent with a chronic partial thickness tear and a previously reconstructed anterior cruciate ligament. The scan also showed evidence of a cyclops lesion with arthrofibrosis to the anterior knee. There is a truncated appearance to the lateral meniscus. No documentation of conservative care was found in the records; clinical presentation indicates a chronic injury. Based on continued mechanical symptoms and MRI scan findings, this request is for left knee arthroscopy with possible Anterior Cruciate Ligament (ACL) reconstruction and preoperative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with possible ACL reconstruction:** Overturned

**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): 344.

**Decision rationale:** Based on California MTUS ACOEM Guidelines, a left knee arthroscopy with anterior cruciate ligament reconstruction would be supported. ACOEM Guidelines provide for Anterior Cruciate Ligament (ACL) reconstruction in claimants who have significant symptoms of instability caused by ACL incompetence. In this case, the MRI scan showed significant cyclops lesions and arthrofibrosis, as well as laxity of the ACL reconstructed graft - findings that are consistent with ACL pathology. Given these findings and the presence of locking and mechanical symptoms, this request would be established as medically necessary and appropriate.

**Preoperative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, page 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California MTUS ACOEM Guidelines would not support the role of preoperative medical clearance. Though the need for surgical intervention in this case has been established, the claimant is an otherwise healthy, 41-year-old whose records document no underlying medical history or significant co-morbidities and who underwent prior knee surgeries without incident. Absent factors that would elevate the claimant's risk of adverse outcome, the request for preoperative medical clearance is not medically necessary and appropriate.