

<b>Case Number:</b>	CM14-0168416		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	02/11/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 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 is a 34-year-old male claimant with reported industrial injury of February 11, 2011. Exam note September 29, 2014 demonstrates complaints of left knee pain status post ACL reconstruction. The patient indicates that the knee pain has got worse. Patient notes clean when pivoting with loss of motion and instability when walking downhill. Examination discloses range of motion from 5 to 104. It is noted that the patient has 2+ laxities in the anterior cruciate ligament and a positive Lachman test. MR arthrogram of the left knee from 10/30/12 demonstrates intact anterior cruciate ligament and possible lateral meniscus tear. MRI arthrogram of the knee on 9/6/13 demonstrates chondromalacia of the lateral compartment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee revision ACL reconstruction and arthroscopic lysis of adhesions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery-Anterior cruciate ligament (ACL) reconstruction

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

**Decision rationale:** CA MTUS/ACOEM, Chapter 13, Knee Complaints, pages 344 states that ACL reconstruction is "warranted only for patients who have significant symptoms of instability caused by ACL incompetence". In addition physical exam should demonstrate elements of instability with MRI demonstrating complete tear of the ACL. In this case the MRIs from 10/30/12 and 9/6/13 do not demonstrate a tear of the ACL. Therefore, this request is not medically necessary.