

Case Number:	CM14-0182608		
Date Assigned:	11/07/2014	Date of Injury:	07/26/2014
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 Minnesota. 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 injured worker is a 52 year old female with a history of acute anterior cruciate ligament disruption of the left knee. She was injured on July 26, 2014. She heard a crack and developed progressive pain and swelling of the knee. Past history of an open total medial meniscectomy of the left knee in the year 1980 is noted. She has mild arthritic changes in the knee with minimal narrowing of the medial joint space. She has tried physical therapy and a home exercise program and has symptoms of instability, pain, and giving way of the knee. She has difficulty with pivoting on the leg. The MRI scan showed evidence of ACL disruption and mild osteoarthritis. Post-surgical changes are also noted in the lateral compartment. There is degeneration of the lateral meniscus but no tear is noted. Multiple exams have documented a knee effusion. The disputed issue pertains to a request for ACL reconstruction that was non-certified by UR. However, since that time additional information has been provided about persisting symptoms of instability, inability to do her usual work, findings of a positive Lachman, anterior drawer, and pivot shift, and persisting symptoms despite a satisfactory rehab program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACL Allograft of The Left Knee Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Chapter: Knee, Topic: Anterior Cruciate Ligament Reconstruction

Decision rationale: The additional information provided since the UR non-certification indicates a 52 year old female with mild osteoarthritis of the left knee and evidence of ACL disruption associated with continuing symptoms of instability despite physical therapy and a home exercise program, and use of a knee sleeve. She has difficulty with pivoting and does not trust the knee. There is evidence of a positive Lachman, positive anterior drawer, and positive pivot shift. Her job requires significant loading of the knee and she has difficulty with knee rotation, particularly because of the absence of a stabilizing medial meniscus associated with the ACL disruption. She is an active individual and despite the age and the presence of mild degenerative changes she will benefit from an ACL reconstruction. She meets the ODG indications including conservative care, subjective clinical findings, and objective clinical findings and imaging findings for ACL reconstruction. Her age and activity level is not a contraindication to the use of an allograft. In light of the above the request for ACL allograft for left knee surgery is appropriate and medically necessary.