

Case Number:	CM14-0037778		
Date Assigned:	06/25/2014	Date of Injury:	03/12/2013
Decision Date:	07/23/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	03/31/2014

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 34-year-old gentleman who was injured on March 12, 2013 when he fell roughly 20 feet onto the roof of an elevator. The medical records provided for review document left knee complaints. The report of an MRI scan dated June 4, 2013 showed a mild anterior cruciate ligament sprain with no tearing. The follow-up clinical report of March 5, 2014 showed continued left knee and posterolateral pain. The claimant also complained of instability and examination showed lateral joint line tenderness and a +1 Lachman maneuver. Conservative treatment has included medication management, physical therapy and activity restrictions. The recommendation was made for ACL reconstruction of the left knee. There was no further documentation of imaging or conservative care provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, anterior cruciate ligament reconstruction, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

Decision rationale: Based on California ACOEM Guidelines, the recommendation for ACL reconstruction would not be supported. The claimant is diagnosed with a strain of the ACL on imaging that is greater than one year old with no documentation of tearing to the ACL noted on imaging studies. While the claimant is noted to have subjective instability, the lack of documentation of tearing of the anterior cruciate ligament would fail to support the acute need of operative intervention. Therefore, the request is not medically necessary.