

<b>Case Number:</b>	CM14-0067883		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/14/1994
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Orthopaedic 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 58-year-old male sustained an industrial injury on 3/14/94. Injury occurred when he stepped through a pallet and felt his knee pop. The patient was status post multiple left knee surgeries, including left knee partial medial meniscectomy on 7/12/95 and arthroscopic lateral meniscectomy on 3/16/09. The patient underwent left knee anterior cruciate ligament (ACL) reconstruction with allograft on 5/7/12. The patient presented on 10/31/13 with complaints of left knee pain and tightness. The patient was diagnosed with recurrent left knee sprain/strain and possible internal derangement. The treatment plan included anti-inflammatory medications, hinged knee brace, and MR arthrogram of the left knee. The 2/20/14 left knee MRI revealed a thin but intact anterior cruciate ligament reconstruction and small medial meniscus body remnant with a small tear. The lateral meniscus was reported abnormal with findings suggestive of a tear. Records indicated the patient had popping, locking swelling, pain and nerve pain at night. Walking more than a mile caused his knee to swell. He had difficulty walking on uneven ground. Strength improved with a course of physical therapy but mechanical symptoms and pain persisted. The 3/19/14 orthopedic report cited persistent symptoms of instability as well as locking and grinding consistent with ACL insufficiency and probable lateral meniscal tear. Physical exam documented pain over the medial and anterior knee associated with swelling, catching/locking, instability and grinding. The patient had a positive Lachman's, positive Pivot shift, and negative McMurray's. The treatment plan recommended a left revision ACL reconstruction with tibialis allograft and possible lateral meniscectomy. The 3/27/14 utilization review denied the request for left knee surgery based on no clinical history or physical exam findings of instability, no imaging evidence of a lateral meniscus tear, and lack of detailed documentation relative to conservative treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Left Knee Arthroscopy with Anterior Cruciate Ligament Reconstruction, Tibialis Allograft and Possible Lateral Meniscectomy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines/Indications for Surgery-Meniscectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The California MTUS guidelines state that anterior cruciate ligament reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. In cases involving partial tears, substantial improvement in symptoms may occur with rehabilitation alone. MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have been met. The patient presents with persistent pain, mechanical symptoms, and functional limitations. Reasonable conservative treatment, including bracing, physical therapy, and anti-inflammatory medication, has been tried and has failed. Clinical exam and imaging findings were consistent with ACL insufficiency and meniscal pathology. Therefore, this request is medically necessary.