MAXIMUS Federal Services

Case Number:	CM14-0069215		
Date Assigned:	07/14/2014	Date of Injury:	01/21/2010
Decision Date:	08/11/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 female licensed vocational nurse sustained an industrial injury on 1/21/10. Injury occurred when she slid and fell, twisting the right knee. The patient underwent left knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty on 11/5/13. Operative findings documented laxity in flexion and extension of the anterior cruciate ligament (ACL). The 2/24/14 treating physician report cited left knee pain, intermittent giving way, and weakness after prolonged sitting. Physical exam findings documented 1- ACL laxity with anterior drawer and Lachman. There was no joint line tenderness, range of motion was 0-125 degrees. There was continued synovial thickening. Discussion was documented regarding ACL reconstruction versus conservative treatment with braces and strengthening. The patient was to continue her independent post-op rehab. The 5/2/14 utilization review denied the 4/9/14 request for ACL reconstruction as there was inadequate documentation that instability was from the ACL and not from her arthritis and a quadriceps inhibition reflex. There was no indication of bracing and physical therapy rehab had been short and incomplete. The 5/21/14 appeal letter indicated that arthroscopic evaluation of her knee noted ACL insufficiency, as well as an osteochondral defect of the lateral femoral condyle. It was felt that conservative treatment with debridement of the osteochondral lesion and partial meniscectomy, would be enough. However, the patient had on-going knee symptoms including giving way, locking, decreased range of motion, weakness, swelling and pain. The patient had mild patellofemoral joint chondromalacia, which did not constitute osteoarthritis. Further requests for post-op physical therapy had been denied. Objective findings documented medial joint line tenderness, 1+ anterior drawer, 1+ Lachman, 1 to 2+ pivot shift, and mild effusion. The treating physician stated the patient met guideline criteria based on subjective, objective, and imaging findings of ACL disruption. ACL reconstruction was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Anterior Cruciate Ligament (ACL) Reconstruction: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Indications for Surgery -- Anterior Cruciate Ligament (ACL) Reconstruction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Anterior cruciate ligament (ACL) reconstruction.

Decision rationale: The ACOEM Practice 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. The Official Disability Guidelines for anterior cruciate ligament reconstruction generally require physical therapy or bracing, plus subjective clinical findings of pain with instability of the knee, or significant effusion at the time of injury, or description of injury indicates rotary twisting or hyperextension incident. Objective clinical findings should demonstrate positive Lachman's sign, positive pivot shift, or positive KT 1000, and imaging findings of ACL disruption. Guideline criteria have been met. This patient presents with on-going knee pain and clinical exam findings of instability despite physical therapy and continued home exercise. Clinical findings include positive Lachman's and pivot shift with arthroscopic findings of anterior cruciate ligament disruption. Therefore, this request for left knee anterior cruciate ligament reconstruction is medically necessary.