

<b>Case Number:</b>	CM14-0074579		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 49-year-old female sustained an industrial injury on 6/10/13. Injury occurred while she was trying to get over a fence and her knee buckled and popped. The 7/22/13 right knee MRI impression documented at least high-grade partial tearing of the anterior cruciate ligament, possible full thickness tear, tiny medial meniscus tear, and joint effusion. The 4/2/14 orthopedic report cited a significant increase in pain with a recent episode of buckling. The patient was having difficulty walking and was on crutches. Physical exam documented 1+ effusion, and positive Lachman's and anterior drawer test. The extension mechanism was intact and posterior drawer sign was negative. Varus/valgus testing was negative. Range of motion was 0-125 degrees. Surgery was recommended to include right knee arthroscopy with anterior cruciate ligament reconstruction and evaluation of the meniscus with possible partial medial meniscectomy. The patient had failed conservative treatment including physical therapy, ACL bracing, activity modification, and anti-inflammatory medications. The 5/5/14 utilization review denied the request for right knee arthroscopic surgery as there was insufficient information on conservative treatment outcome and there was a lack of official MRI interpretation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy with Anterior cruciate ligament (ACL) Reconstruction with Evaluation of the Meniscus:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Updated 03/31/2014), Diagnostic Arthroscopy, Surgery; Criteria for Diagnostic Arthroscopy and 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 California MTUS guidelines state that anterior cruciate ligament (ACL) reconstruction generally is warranted only for patients who have significant symptoms of instability caused by Anterior cruciate ligament (ACL) incompetence. The Official Disability Guidelines provide specific criteria for ACL reconstruction that 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 significant right knee pain and instability with positive guideline-associated clinical exam findings. Reasonable conservative treatment has been tried and failed. Significant functional limitations are reported. Therefore, this request for right knee arthroscopy with ACL reconstruction with evaluation of the meniscus is medically necessary.

**Right Knee Arthroscopy possible Partial Medial Meniscectomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Updated 03/31/2014), Diagnostic Arthroscopy, Surgery --Diagnostic Arthroscopy: Criteria for Diagnostic Arthroscopy. Official Disability Guidelines (ODG), Knee & Leg (Updated 03/31/2014), Meniscectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**Decision rationale:** The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear; symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. Guideline criteria have been met. This patient presents with significant pain and mechanical symptoms. There is imaging evidence of meniscal pathology. Meniscal evaluation has been determined to be medically necessary, possible partial medial meniscectomy is reasonable. Therefore, this request for right knee arthroscopy possible partial medial meniscectomy is medically necessary.

**Follow Up Evaluation and Treatment with Orthopedic:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Updated 03/31/2014), Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Office visits.

**Decision rationale:** The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guideline criteria have been met. Follow-up orthopedic evaluation and treatment in post-operative period are consistent with guidelines. Therefore, this request for orthopedic follow-up evaluation and treatment is medically necessary.