

<b>Case Number:</b>	CM14-0084236		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 patient is a 68 year old female who sustained an industrial injury on 6/18/2013, when she caught her foot on a loose grate, causing her to fall. She complained of pain in the right knee, right ankle, left hip, and low back. MRI of the right knee obtained 2/27/2014 is reported to reveal 1. Tricompartmental osteoarthritis; 2. Anterior cruciate ligament tear; 3. Oblique tear of the posterior horns of the medial and lateral menisci extending to inferior articular surface; 4. Horizontal cleavage tear of the anterior horn of the lateral meniscus extending towards the meniscal root. According to the orthopedic consultation report dated 3/28/2014 the patient presents with complaint of intractable knee pain due to work injury. She is seen for right knee pain, right ankle pain and left hip pain. Examination of the right knee documents mild antalgic gait, using a cane, medial joint line tenderness, full painless range of motion, negative McMurray, negative anterior and posterior drawer, negative Lachman's, Pivot shift and Apley's tests, good muscle tone, 5/5 motor strength, unable to toe-walk and perform a full squat. Right knee x-rays demonstrate well preserved joint spaces, good patellofemoral relationship, no loose bodies, no heterotopic calcifications, and no acute fractures. The physician feels she would benefit from arthroscopic meniscectomy with debridement and an ACL reconstruction. Patient chooses to proceed surgically. Authorization for surgery is requested. According to the 6/17/2014 orthopedic QME report, regarding the right knee, the patient complains of pain at the medial and lateral joint lines bilaterally, she notes instability but denies locking, increased symptoms with prolonged weight-bearing or walking over uneven surfaces. Examination of the right knee reveals 5/5 motor strength, no swelling, normal crepitus, normal tracking, tenderness at medial and lateral joint lines, normal ACL stability testing, normal Drawer and Pivot shift, normal McMurray and Apley grind, and 0-100 degrees Range of Motion (ROM). Diagnoses are 1. Right

knee internal derangement; 2. Chronic right ankle sprain; 3. Left hip trochanteric bursitis with abductor weakness, and 4. There is no evidence of lumbar injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Anterior Cruciate Ligament Reconstruction with Allograft: Upheld**

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

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

**Decision rationale:** The CA MTUS/ACOEM guidelines state anterior cruciate ligament reconstruction generally is warranted only for patients who have significant symptoms of instability caused by Anterior Cruciate Ligament (ACL) incompetence. Surgical reconstruction of the ACL may provide substantial benefit to active patients, especially those under 50 years old. For the patient whose work or life does not require significant loading of the knee and other stressful conditions, ACL repair may not be necessary. The patient is 68 year old female. She has good strength and ROM of right knee. In addition, provocative tests for ACL instability are all negative and the patient does not have any subjective clinical findings of instability, such as buckling or giving way. Given the patient's advanced age, no evidence that she requires significant loading of the knee, and negative subjective/objective clinical findings regarding ACL stability, the medical records do not establish this patient is an appropriate candidate for ACL reconstruction. The medical necessity of this requested surgery has not been established. The request is not medically necessary and appropriate.