

<b>Case Number:</b>	CM14-0094962		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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:

This is a 49-year-old female correctional case records analyst who fell at work on 11/29/12. The medical records provided for review document that the claimant underwent left knee anterior cruciate ligament reconstruction on 7/19/13. The claimant then sustained another fall and was diagnosed with left knee contusion, anterior cruciate ligament tear and recurrent tear occurring in August or September 2013. The report of the MRI of the left knee in December 2013, showed an apparent tear of the anterior cruciate ligament, mild sprain of the posterior cruciate ligament, mild extensor tendinopathy, small medial plica, and patellofemoral arthritis. The report from the 3/5/14 office visit described the claimant with severe left knee pain, swelling that was worse with activities, and difficulty performing activities of daily living. The report documented that the claimant's body mass index was 42.91. Examination showed tenderness to palpation over the anterior aspect of the knee, decreased range of motion and mild effusion. Conservative treatment was documented to include bracing and medications. This request is for left knee arthroscopy, allograft and anterior cruciate ligament reconstruction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy/ allograft ACL reconstruction of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation ODG, Indications for surgery, anterior cruciate ligament (ACL) reconstruction.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 18th Edition, 2013 Updates; Knee and Leg chapter.

**Decision rationale:** In consideration of the claimant's age, body mass index, and the fact that this surgery would be a revision of her previous anterior cruciate ligament (ACL) reconstruction performed just over one year after the primary ACL reconstruction, the claimant should exhaust all benefit of conservative treatment options prior to consideration for revision of her previous ACL reconstruction. The medical records do not document that the claimant's conservative treatment since her postoperative fall have included activity modification, formal physical therapy, a home exercise program, or injection therapy in an effort to relieve her symptoms and make her more stable and comfortable. There is a lack of physical exam objective findings establishing that the claimant has instability, laxity, or weakness of the left knee to support a revision of her previous ACL reconstruction as recommended by ACOEM Guidelines. Therefore, based on the documentation presented for review and in accordance with California MTUS, ACOEM, and Official Disability Guidelines, the request for the left knee arthroscopy and allograft ACL reconstruction in the revision setting cannot be considered medically necessary.

**Left knee ACL brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 18th Edition; 2013 Updates; Knee & Leg chapter - Knee Brace.

**Decision rationale:** Documentation suggests that the claimant already has and had actually been wearing a left knee ACL brace. There is no documentation suggesting that the brace is ill-fitting or is not providing adequate stability. Based on the documentation presented for review and in accordance with ACOEM Guidelines and Official Disability Guidelines, the request for the left knee ACL brace cannot be considered medically necessary. In addition, surgical intervention has been deemed not medically necessary. Subsequently, the request for another ACL brace cannot be considered medically necessary.