

<b>Case Number:</b>	CM14-0157423		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	06/21/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Minnesota. 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 injured worker is a 27 year old female with a history of injury to her right knee on 6/21/2014. She was coaching soccer, twisted her knee and felt a pop. There is a past history of bilateral anterior cruciate reconstructions using cadaver grafts 10 years ago. A right medial meniscal tear was also repaired at that time. An MRI scan performed 9/6/2014 revealed complete tear of the anterior cruciate ligament graft with 10 mm anterior translation of the proximal tibia in relation to the femoral condyle. Mild marrow edema and contusion of the posterior medial tibial plateau was noted indicating that this is a recent injury. There was a questionable posterior horn tear of the medial meniscus. The orthopedic consultation report of 8/19/2014 does not document any subjective complaints pertaining to the obvious instability resulting from the ACL tear. However, the MRI scan report of 9/6/2014 documents a history of popping and swelling of the knee for months after the injury. On examination there was full range of motion, no effusion and no medial-lateral instability but there was an obviously positive Lachman present. The disputed issue pertains to a request for anterior cruciate ligament reconstruction. This was non-certified by UR for reasons of incomplete documentation, specifically lack of documentation pertaining to symptoms of instability and subjective complaints pertaining to the functional disability resulting from the injury. UR did not comment on the history noted on the MRI report of 9/6/2014. The young age and activity level are other significant issues. The injured worker coaches soccer and clearly needs a stable knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee ACL Revision: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** California MTUS guidelines recommend anterior cruciate ligament reconstruction for patients who have significant symptoms of instability caused by the ACL deficiency. In complete tears consideration should be given to the patient's age, normal activity level, and the degree of knee instability caused by the tear. The orthopedic consultation does not document subjective complaints; however the request for the MRI scan does document a history of popping and swelling of the knee for several months after the injury. Examination revealed obvious instability and a positive Lachman was present. There was persisting tenderness at the medial joint line. The MRI scan of 9/6/2014 revealed anterior translation of the proximal tibia under the femur indicating objective evidence of instability associated with the failed ACL allograft. The injured worker is young, has an active lifestyle, and coaches soccer. The guidelines state that surgical reconstruction may provide substantial benefit to active patients especially young patients with an active lifestyle. Evidence suggests that she is symptomatic with popping and intermittent swelling of the knee for months. The allografts have a significant failure rate in young active individuals and the choice of an autograft appears appropriate. Based on the above the request for a right knee ACL revision is appropriate and medically necessary.