

<b>Case Number:</b>	CM14-0187358		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 51 year old female who slipped and fell on a soapy floor on 5/9/2009 twisting her left knee. On 9/30/2009 she underwent arthroscopy of the left knee with and allograft reconstruction of the anterior cruciate ligament. She was found to have chondromalacia per operative report. In 2010 she underwent arthroscopy of the left knee with partial medial meniscectomy. In March 2010 she had a gastric bypass surgery and her body weight went down from 251 lbs to 153 lbs. In late 2010 she had chiropractic care for her lower back for 1 year. On 3/14/13 an MRI scan of the left knee revealed attenuation of the ACL allograft but no tear. Patellofemoral arthritis was noted. The menisci were intact. On 11/21/ 2013 she underwent right shoulder arthroscopy with decompression and an open rotator cuff repair which did not help the pain. An orthopedic follow-up of 10/6/2014 documents pain in the left knee, low back, and the right shoulder. The notes do not document a knee examination. The shoulder was injected with corticosteroids. The disputed request pertains to anterior cruciate ligament augmentation of the left knee. This was non-certified by UR for lack of documented examination findings of instability and lack of conservative treatment for the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cruciate ligament (ACL) augmentation of the left knee: Upheld**

**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): 343,344.

**Decision rationale:** California MTUS guidelines recommend surgical considerations for activity limitation and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The injured worker underwent an anterior cruciate ligament reconstruction using an allograft in September 2009. She was found to have chondromalacia of patella at that time and this is noted to be worse on the MRI scan of 2013. There was attenuation of the allograft noted on the MRI scan but no instability is documented. Her knee gave out once and that could be a manifestation of patellofemoral arthritis. No serious activity limitation is documented. Imaging studies do not show a tear of the ACL allograft. She also has chronic low back pain and some radicular symptoms in the left lower extremity. There is no recent comprehensive rehab program of strengthening exercises and corticosteroid injection for the knee documented. A revision anterior cruciate augmentation without documented instability at age 51 in the presence of patellofemoral arthritis, and chronic pain in the shoulder, knee and lower back without a documented rehabilitation program is not indicated per guidelines. The request for anterior cruciate ligament augmentation of the left knee is therefore not medically necessary.