Case Number:	CM15-0182871		
Date Assigned:	09/24/2015	Date of Injury:	06/20/2013
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 47 year old male, who sustained an industrial injury on 6-20-13. Current diagnoses or physician impression includes left chondromalacia patellae, left LOC primary osteoarthritis and left knee sprain cruciate ligament. His disability status was not indicated. A report dated 7-17-15 reveals the injured worker presented with complaints of left knee instability with flexion and walking, and an addendum dated 8-31-15 states it interferes with daily activity. A physical examination dated 7-17-15 (addendum dated 8-13-15) revealed a grossly unstable left knee. An examination dated 6-17-15 revealed trace swelling and effusion at the left knee. A surgical intervention (left knee scar debridement, MUA, chondroplasty post ACLR revision) decreased his knee pain, per note dated 7-17-15. He has engaged in chiropractic care and physical therapy, per note dated 5-11-15; however, the therapeutic response was not included. Diagnostic studies to date have included MRI (3-2015) and x-rays. A request for authorization dated 9-2-15 for left knee arthroscopy chondroplasty, ACL reconstruction, ACL graft is modified to left knee arthroscopy ACL reconstruction with ACL allograft due to a left knee chondroplasty was done on 7-9-15, per Utilization Review letter dated 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy Chondroplasty, ACL Reconstruction ACL Graft: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, Indication for Surgery, Anterior Cruciate Ligament (ACL) Reconstruction.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: CA MTUS/ACOEM, Chapter 13, Knee Complaints, pages 344 states that ACL reconstruction is "warranted only for patients who have significant symptoms of instability caused by ACL incompetence". In addition physical exam should demonstrate elements of instability with MRI demonstrating complete tear of the ACL. In this case the exam notes provided do demonstrate evidence of instability and the MRI from 3/20/15 does demonstrate a complete tear of the ACL. Therefore, the determination is medically necessary for the requested procedure.