

<b>Case Number:</b>	CM15-0080351		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	09/25/2004
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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  
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 37 year old male, who sustained an industrial injury on 9/25/2004. Diagnoses include internal derangement of the right knee with meniscus damage and occult ACL injury. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), injections, bracing, modified work and medications. Per the Primary Treating Physician's Progress Report dated 3/31/2015, the injured worker reported knee joint pain, knee joint swelling, knee joint stiffness, intermittent knee locking, a grating sensation in the knee and a sensation of something floating in the knee. Physical examination revealed tenderness to palpation with muscle spasm and abnormal motion. Pain was elicited by motion of the knee and there was instability. The plan of care included surgical intervention and authorization was requested for right knee arthroscopy with possible ACL reconstruction and allograft, crutches and 12 postoperative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy with Possible ACL Reconstruction and Allograft:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

**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 MRI from 1/21/15 does not demonstrate a tear of the ACL. Therefore, the request is not medically necessary.

**Post-Operative Physical Therapy (12-sessions):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated Surgical Service: Crutches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.