

Case Number:	CM14-0130816		
Date Assigned:	08/20/2014	Date of Injury:	08/15/2010
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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 56 year old female claimant with an industrial injury that took place on 08/15/10. MRI of 06/27/14 states the patient had a small tear of the anterior horn of the lateral meniscus, chronic partial tear and thickening of the ACL tendon and no full thickness or acute tear, no bony lesions or osteochondral lesions, intact cartilage, and collateral ligaments and retinacular structures intact. Exam note 07/07/14 states the patient returns with left knee pain. She mentions that she has pain and aching throughout the day and it is progressively worsening causing her to limp. She notes that the pain is aggravated when she kneels, squats and prolonged weight bearing activities. The patient reports her knee gives out and feels unstable. The patient is status post a biopsy as of 1986. Physical exam demonstrates the patient had a positive Lachman's test, and a positive anterior drawer test. There was evidence of tenderness along the lateral joint line. Diagnosis is noted as an ACL insufficiency of the left knee, a lateral meniscus tear of the left knee, and chondromalacia of the patella of the left knee. Treatment plan includes an anterior cruciate ligament repair of the left knee, in which the patient chose to go ahead with a patellar tendon allograft in which will require a partial lateral meniscectomy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left knee anterior cruciate ligament reconstruction with patellar tendon allograft, lateral meniscectomy chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES- KNEE AND LEG.

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

Decision rationale: The California MTUS/ACOEM, 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 from 7/7/14 does demonstrate evidence of instability however the MRI from 6/27/14 does not demonstrate a complete tear of the ACL. Therefore, the request is not medically necessary.