

Case Number:	CM15-0123965		
Date Assigned:	07/08/2015	Date of Injury:	01/14/2009
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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, Indiana, Oregon
 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 (IW) is a 38-year-old male who sustained an industrial injury on 01/14/2009. Diagnoses include anterior cruciate ligament (ACL) tear, left knee. Treatment to date has included Relafen, left knee arthroscopic lateral release and ACL brace. According to the progress notes dated 5/6/15, no subjective comments were documented. On examination, the left knee had a very mild anterior drawer sign compared to the right. The provider noted the findings of the previous left knee arthroscopy: ACL incompetence and avulsion from the lateral intercondylar notch wall and estimated 70% to 80% avulsion with attenuation of the rest of the ACL. The IW wore an ACL brace for all weight bearing activity due to instability of the knee. A request was made for left knee ACL reconstruction with allograft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee ACL Reconstruction with Allograft: 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): 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 exam notes from 5/6/15 do not demonstrate evidence of significant instability and the MRI and arthroscopic findings does not demonstrate a complete tear of the ACL. Based on this the reconstruction is not medically necessary.