

<b>Case Number:</b>	CM13-0001464		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	06/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

### 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 47-year-old female with a right knee injury that was sustained on 6/23/10. The clinical records do not indicate the specific mechanism. A recent clinical progress report for review includes a 10/3/13 orthopedic assessment with [REDACTED] where the claimant was with subjective complaints of right lower extremity pain, weakness, spasm, and knee pain. Specific to the right knee, there continues to be "abnormal tracking of the patella" with continued complaints of difficulty with mobilization. The claimant is also undergoing treatment for low back complaints and lower extremity radicular complaints for a working diagnosis of Reflex Sympathetic Dystrophy/Chronic Regional Pain Syndrome for which recent sympathetic blockade was "very helpful" in allowing her to manage independent exercises and activities of daily living. Physical examination findings at that time showed the right knee to be with tenderness over the medial and lateral aspects of the joint line, medial tracking of the patella in the supine position, and neurologic findings demonstrating allodynia to the lower extremity with hypesthesia distal to the knee. Reflexes were noted to be significantly impaired. Gait was antalgic. The working assessment was Chronic Regional Pain Syndrome, chronic pain syndrome, and adjustment disorder with anxiety. Given the claimant's ongoing right knee complaints, surgical intervention was recommended in the form of an arthroscopy, chondroplasty, and an open lateral retinacular repair. The surgical history in this case has included a 6/24/11 lateral ligament reconstruction to the right ankle as well as a 5/9/12 right knee surgery that included examination under anesthesia and lateral retinacular release. Post-operative knee imaging is not documented within the available records for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right arthroscopy, chondroplasty and open lateral retinacular repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

**Decision rationale:** Based on California ACOEM Guidelines, the proposed surgery to include arthroscopy, chondroplasty, and open lateral retinacular repair would not be indicated. The claimant has already undergone lateral retinacular release. It really needs to be taken into account that the claimant is suffering from Chronic Regional Pain Syndrome and Reflex Sympathetic Dystrophy to the lower extremity and in this clinical setting surgery should only be considered in acute or emergent. The procedure would not be medically necessary given recent physical examination findings, absent clinical imaging, and with consideration to the fact that the claimant has diagnoses of Reflex Sympathetic Dystrophy/Chronic Regional Pain Syndrome.

**Cold therapy unit:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Physical therapy sessions, post op, #8:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.