

Case Number:	CM13-0012650		
Date Assigned:	11/20/2013	Date of Injury:	10/02/2012
Decision Date:	05/19/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/12/2013

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/Hand 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:

The claimant is a 27-year-old female who sustained an injury to the right knee on October 2, 2012. The clinical records available for review include a prior operative report of March 19, 2013 to the right knee with a diagnosis of recurrent patellar dislocation. The claimant underwent a right knee arthroscopy with proximal realignment medial reefing, arthroscopic lateral retinacular release, and patellar chondroplasty. Current clinical records include a postoperative MRI report of July 5, 2013 that demonstrated postoperative changes and marked lateral retinacular changes, extensive tendinopathy to the patella and distal quadriceps tendon, a small joint effusion, and no indication of medial or lateral compartment findings without meniscal pathology. Further clinical progress reports include a PR-2 report of August 17, 2013 where the claimant was noted to be with complaints of the knee giving out with objective findings showing patellar malalignment with medial pain to palpation. Given the claimant's failed conservative measures in the postoperative setting, recommendations were for a second surgical process to include a chondroplasty with postoperative use of a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY W/CHONDROPLASTY MEDICAL RELEASE: 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): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS states that although arthroscopic patellar shaving has been performed frequently for PFS, long-term improvement has not been proved, and its efficacy is questionable. Severe patellar degeneration presents a problem not easily treated by surgery. Patellectomy and patellar replacements in reasonably active patients yield inconsistent results, and the procedures have a reasonable place only in treating patients with severe rheumatoid arthritis or another rheumatoid condition. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella, but surgical realignment of the extensor mechanism may be indicated in some patients. The sole purpose of chondroplasty in this instance would not be indicated. Chondroplasty is not recommended as an isolated procedure for degenerative findings. This individual has previously undergone a surgical chondroplasty performed arthroscopically in March of 2013, along with a patellar realignment procedure. It would be unclear as to why a second procedure of the same nature would take place at this short interval. The specific request given the claimant's postoperative imaging that fails to demonstrate internal derangement would not be supported. The request is not medically necessary.

POST-OP DME: BRACE FOR THE RIGHT KNEE: 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.