MAXIMUS Federal Services

Case Number:	CM13-0023869		
Date Assigned:	11/15/2013	Date of Injury:	10/16/2012
Decision Date:	07/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

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 Surgery and is licensed to practice in Pennsylvania. 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 36-year-old male who sustained a left knee injury on 10/6/12 while working as a delivery driver when he was involved in an altercation. The claimant's current working diagnosis includes left knee patellofemoral osteoarthritis and a chondral lesion of the medial femoral condyle. There is no documentation of previous surgery. The claimant was seen on 8/15/13 at which time it was documented that the claimant had approximately 24 hours relief from a Cortisone injection. The physical examination of the left knee showed no effusion, 5-/5 quadriceps strength, range of motion was from 5-130 degrees, there was patellofemoral crepitus and a positive patellar compression test. There was no patellofemoral or lateral joint line tenderness but there was medial joint line tenderness. The report of an MRI of the left knee on 3/19/13 showed cartilage fissuring and fraying of the medial patellar facet. There was mild focal cartilage surface irregularity of the medial femoral condyle. There was no evidence of meniscal or ligamentous injury. The conservative care to date has included formal physical therapy and intra-articular Cortisone injection. The current request is for a left knee arthroscopic chondroplasty and lateral retinacular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPIC CHONDROPLASTY AND LATERAL RETINACULAR RELEASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition, 2013 Updates; Knee Chapter, Chondroplasty, Latera; retinacular release.

Decision rationale: After review of the documentation presented for review and in accordance with the California MTUS, ACOEM, and the ODG, the request for the surgical intervention cannot be deemed medically necessary. There is no diagnostic testing in the form of plain radiographs or an MRI showing an abnormal patellar tilt on x-ray. In addition, there is no documentation of recent patellar dislocation. There is a lack of documented abnormal physical examination objective findings supporting the need for the requested surgical intervention. Therefore, the request for left knee arthroscopic chondroplasty and lateral retinacular release cannot be considered medically necessary.

12 POST-OPERATIVE PHYSICAL THERAPY VISITS TO THE LEFT KNEE 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Surgical intervention has been deemed not medically necessary. Subsequently, the request for post-operative physical therapy cannot be considered medically necessary.