

Case Number:	CM13-0029888		
Date Assigned:	01/10/2014	Date of Injury:	06/13/2012
Decision Date:	09/08/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/27/2013

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 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 23 year old female injured in a work related accident on 06/13/12. Records indicate an injury to the lumbar spine and bilateral knees. Specific to the claimant's right knee, there is documentation of a normal MRI scan of the right knee from 04/03/13. Orthopedic follow up assessment of 08/19/13 indicates continued complaints of pain with the right knee examination showing normal tracking with positive patellar apprehension, range of motion that was full and unrestricted with minimal crepitation. There was no documented weakness. Plain film radiographs reviewed showed the right knee to be with a patellar tilt. Records did not show recent conservative measures or documentation of benefit with conservative measures. Claimant's working diagnosis was that of patellofemoral malalignment. A request was for surgical arthroscopy to the right knee with "patellar stabilization." There were no records of patellar subluxation, dislocation, or specific injury to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBCUTANEOUS LATERAL RELEASE AND MEDIAL REPAIR FOR RIGHT KNEE:

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): 345.

Decision rationale: The ACOEM Guidelines state lateral arthroscopic release may be indicated in cases for recurrent patellar subluxation based on guidelines. This individual is with no history of recurrent patellar subluxation and with limited documentation of recent conservative care. The role of surgical intervention in this individual with a negative MRI scan and only positive finding being a patellar tilt on x-ray would currently not be supported. As such, the request is not medically necessary and appropriate.

PHYSICAL THERAPY 12 SESSIONS FOR LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, PHYSICAL THERAPY, PAGE 474.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.