

Case Number:	CM13-0030898		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2013
Decision Date:	04/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 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. 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:

This is a 27-year-old female who sustained an injury to the left knee in a work-related accident on 3/12/13. The clinical records for review included an orthopedic follow up report dated 8/22/13 noting that the claimant's complaints were unchanged despite acupuncture and physical therapy. Initially, the claimant experienced an episode of a dislocation but has not had any recurrent episodes of instability. Knee braces have failed to provide relief. Physical examination showed no prepatellar effusion, tenderness to palpation over the anterior portion of the knee both medially and laterally adjacent to the patella, positive patellofemoral crepitation, palpable synovial tissue and a plica. The claimant's working diagnosis was left knee lateral patellofemoral compression syndrome with a history of patellofemoral instability. Radiographs reviewed on 8/22/13 were documented to show findings consistent with a "lateral patellofemoral compression syndrome." MRI report dated 7/1/13 showed no meniscal or retinacular injury. The recommendations at present are for arthroscopy, debridement, 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 arthroscopy with debridement lateral retinacular release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Indications for Surgery- Lateral retinacular release (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Indications for Surgery- Lateral retinacular release (online version).

Decision rationale: Based on California ACOEM 2004 Guidelines and supported by Official Disability Guidelines criteria, the request for left knee arthroscopy, debridement, lateral retinacular release in this case would not be indicated. Specific guidelines criteria for a lateral retinacular release would include objective findings including lateral tracking of the patella with recurrent effusions and increased Q angle and imaging findings consistent with an abnormal patellar tilting. The records in this case indicate a prior MR arthrogram that failed to demonstrate a retinacular injury. Radiographs failed to demonstrate specific understanding of abnormal patellar tilting. The lack of imaging findings coupled with the claimant's objective findings that also do not indicate lateral tracking of the patella and increased Q angle or patellar apprehension would fail to support the medical necessity for the surgical process as requested.