

Case Number:	CM13-0044326		
Date Assigned:	06/20/2014	Date of Injury:	08/14/2013
Decision Date:	07/31/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 Texas and Colorado. 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 injured worker is a 27-year-old male who reported an injury on 08/14/2013. The mechanism of injury was not specifically stated. The current diagnosis is endstage osteoarthritis of the left patellofemoral joint. The injured worker was evaluated on 08/14/2013 with complaints of severe left knee pain and activity limitation. Physical examination of the left knee revealed mild anterior swelling, significant patellofemoral crepitation, positive patellar inhibition sign, negative medial or lateral joint line tenderness, negative laxity, 0 to 120 degree range of motion, and intact sensation. X-rays obtained in the office on that date indicated patellofemoral joint osteophytes and bone-on-bone opposition in the lateral compartment of the patellofemoral joint. Treatment recommendations included a patellofemoral replacement; left knee arthroscopy; synovectomy; microfracture; chondroplasty, and partial meniscectomy, as well as postoperative durable medical equipment. It is noted that the injured worker underwent an MRI of the left knee on 08/22/2013, which indicated severe patellofemoral joint osteoarthritis, moderate joint effusion with synovitis, posterior intra-articular ganglion, and minimal reactive marrow in the posterior aspect of the medial tibial plateau.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Indications for Surgery: Arthroplasty.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, and a failure of exercise programs to increase range of motion and strength. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket-handle tear, and consistent findings on MRI. Severe patellar degeneration presents a problem not easily treated by surgery. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella. As per the documentation submitted, the injured worker's x-rays obtained in the office on 09/17/2013 indicate patellofemoral joint osteophytes and bone-on-bone opposition in the lateral compartment of the patellofemoral joint with mild lateral subluxation. The injured worker's physical examination does reveal mild anterior swelling, patellofemoral crepitation, and positive patellar inhibition sign. However, there is no evidence of medial or lateral joint line tenderness, positive McMurray's testing, or medial or lateral joint laxity. There is no evidence upon imaging study of a meniscus tear. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Based on the clinical information received, the request is not medically necessary.

Synovectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Indications for Surgery: Synovectomy.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, and a failure of exercise programs to increase range of motion and strength. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket-handle tear, and consistent findings on MRI. Severe patellar degeneration presents a problem not easily treated by surgery. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella. As per the documentation submitted, the injured worker's x-rays obtained in the office on 09/17/2013 indicate patellofemoral joint osteophytes and bone-on-bone opposition in the lateral compartment of the patellofemoral joint with mild lateral subluxation. The injured worker's physical examination does reveal mild anterior swelling, patellofemoral crepitation, and positive patellar inhibition sign. However, there is no evidence of medial or lateral joint line tenderness, positive McMurray's testing, or medial or lateral joint laxity. There is no evidence upon imaging

study of a meniscus tear. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Based on the clinical information received, the request is not medically necessary.

Microfracture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Indications for Surgery: Chondroplasty.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, and a failure of exercise programs to increase range of motion and strength. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket-handle tear, and consistent findings on MRI. Severe patellar degeneration presents a problem not easily treated by surgery. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella. As per the documentation submitted, the injured worker's x-rays obtained in the office on 09/17/2013 indicate patellofemoral joint osteophytes and bone-on-bone opposition in the lateral compartment of the patellofemoral joint with mild lateral subluxation. The injured worker's physical examination does reveal mild anterior swelling, patellofemoral crepitation, and positive patellar inhibition sign. However, there is no evidence of medial or lateral joint line tenderness, positive McMurray's testing, or medial or lateral joint laxity. There is no evidence upon imaging study of a meniscus tear. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Based on the clinical information received, the request is not medically necessary.

Chondroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Indications for Surgery: Chondroplasty.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, and a failure of exercise programs to increase range of motion and strength. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket-handle tear, and consistent findings on MRI. Severe patellar degeneration presents a problem not easily treated by surgery. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella. As

per the documentation submitted, the injured worker's x-rays obtained in the office on 09/17/2013 indicate patellofemoral joint osteophytes and bone-on-bone opposition in the lateral compartment of the patellofemoral joint with mild lateral subluxation. The injured worker's physical examination does reveal mild anterior swelling, patellofemoral crepitation, and positive patellar inhibition sign. However, there is no evidence of medial or lateral joint line tenderness, positive McMurray's testing, or medial or lateral joint laxity. There is no evidence upon imaging study of a meniscus tear. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Based on the clinical information received, the request is not medically necessary.

Open patellofemoral replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, and a failure of exercise programs to increase range of motion and strength. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket-handle tear, and consistent findings on MRI. Severe patellar degeneration presents a problem not easily treated by surgery. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella. As per the documentation submitted, the injured worker's x-rays obtained in the office on 09/17/2013 indicate patellofemoral joint osteophytes and bone-on-bone opposition in the lateral compartment of the patellofemoral joint with mild lateral subluxation. The injured worker's physical examination does reveal mild anterior swelling, patellofemoral crepitation, and positive patellar inhibition sign. However, there is no evidence of medial or lateral joint line tenderness, positive McMurray's testing, or medial or lateral joint laxity. There is no evidence upon imaging study of a meniscus tear. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Based on the clinical information received, the request is not medically necessary.

CryoCuff Cold Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous Flow Cryotherapy.

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.

Knee Immobilizer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Walking Aides.

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.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Walking Aides.

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.

Preoperative visit: 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.

Or partial menisectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Indications for Surgery: Menisectomy.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, and a failure of exercise programs to increase range of motion and strength. Arthroscopic partial menisectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket-handle tear, and consistent

findings on MRI. Severe patellar degeneration presents a problem not easily treated by surgery. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella. As per the documentation submitted, the injured worker's x-rays obtained in the office on 09/17/2013 indicate patellofemoral joint osteophytes and bone-on-bone opposition in the lateral compartment of the patellofemoral joint with mild lateral subluxation. The injured worker's physical examination does reveal mild anterior swelling, patellofemoral crepitation, and positive patellar inhibition sign. However, there is no evidence of medial or lateral joint line tenderness, positive McMurray's testing, or medial or lateral joint laxity. There is no evidence upon imaging study of a meniscus tear. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Based on the clinical information received, the request is not medically necessary.