

Case Number:	CM13-0048285		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2012
Decision Date:	08/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/05/2013

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 24 year old man who sustained a right knee injury on 08/31/12. The records provided for review do not contain any clinical reports. The examination was documented to show pain and difficulty with kneeling and squatting. Plain film radiographs were documented to show lateral subluxation of the patella. The recommendation was made for a knee arthroscopy with lateral retinacular release and pre-operative medical clearance with the internal medicine physician were recommended. It was also noted that a 06/13/13 MR arthrogram of the right knee was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY LATERAL RETINACULAR RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: Based on the California ACOEM Guidelines, the request for right knee arthroscopy and lateral retinacular release would not be indicated. According to the ACOEM Guidelines, lateral arthroscopic release is indicated for individuals with recurrent subluxation of

the patella that has failed conservative care. The records in this case fail to demonstrate documentation of conservative care, recent intervention or prior treatment. While there is noted to be subluxation on imaging, there is no documentation of recurrent subjective subluxation in this individual with a normal MR arthrogram of the knee from June of 2013. The acute role of operative intervention in this case has not been established. As such, the request is not medically necessary.

INTERNAL MEDICINE PREOPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

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