

<b>Case Number:</b>	CM13-0058904		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Orthopedics, 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:

This is a 38-year-old gentleman who sustained an injury to the right knee in a work-related accident on 1/30/13. The records for review indicated that the claimant had an initial onset of a patellar dislocation and medial retinacular ligament tearing. An MRI report of the knee dated 2/7/13 documented a parapatellar dislocation with probable medial collateral ligament partial tearing. The patellar tendon and quadriceps tendon were noted to be intact with no evidence of meniscal tearing. Cruciate ligament tearing was otherwise noted with a small joint effusion. A clinical orthopedic assessment dated 10/7/13 noted continued complaints of pain and tenderness of the patella, particularly over the medial aspect. Physical examination showed restricted motion to 60 degrees with an antalgic gait. It was documented that the claimant utilized medication management, activity modification, bracing, and therapy with no significant improvement. A surgical recommendation was made for a diagnostic knee arthroscopy with lateral retinacular release, synovectomy, and lysis of adhesions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent. When looking at Official Disability Guidelines, the request for a diagnostic arthroscopy to include a knee arthroscopy, lateral retinacular release, synovectomy, and lysis of adhesions would not be indicated. The claimant's current clinical presentation documented evidence of patellar dislocation but at present demonstrates no indication of physical examination finding or imaging that would support the role of the surgical process in question. There is no evidence of abnormal tilting of the patella, recurrent effusions, or imaging demonstrating abnormal patellar tilting. Although the claimant still has stiffness in the post-injury setting, the request for the surgical process in question would not be supported.

**RIGHT KNEE ARTHROSCOPY, SURGICAL, WITH LATERAL RELEASE:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent. When looking at Official Disability Guidelines, the request for a diagnostic arthroscopy to include a knee arthroscopy, lateral retinacular release, synovectomy, and lysis of adhesions would not be indicated. The claimant's current clinical presentation documented evidence of patellar dislocation but at present demonstrates no indication of physical examination finding or imaging that would support the role of the surgical process in question. There is no evidence of abnormal tilting of the patella, recurrent effusions, or imaging demonstrating abnormal patellar tilting. Although the claimant still has stiffness in the post-injury setting, the request for the surgical process in question would not be supported.

**RIGHT KNEE ARTHROSCOPY, SURGICAL, SYNOVECTOMY, LIMITED:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent. When looking at Official Disability Guidelines, the request for a diagnostic arthroscopy to include a knee arthroscopy, lateral retinacular release, synovectomy, and lysis of adhesions would not be indicated. The claimant's current clinical presentation documented evidence of

patellar dislocation but at present demonstrates no indication of physical examination finding or imaging that would support the role of the surgical process in question. There is no evidence of abnormal tilting of the patella, recurrent effusions, or imaging demonstrating abnormal patellar tilting. Although the claimant still has stiffness in the post-injury setting, the request for the surgical process in question would not be supported.

**RIGHT KNEE ARTHROSCOPY, SURGICAL WITH LYSIS OF ADHESIONS:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent. When looking at Official Disability Guidelines, the request for a diagnostic arthroscopy to include a knee arthroscopy, lateral retinacular release, synovectomy, and lysis of adhesions would not be indicated. The claimant's current clinical presentation documented evidence of patellar dislocation but at present demonstrates no indication of physical examination finding or imaging that would support the role of the surgical process in question. There is no evidence of abnormal tilting of the patella, recurrent effusions, or imaging demonstrating abnormal patellar tilting. Although the claimant still has stiffness in the post-injury setting, the request for the surgical process in question would not be supported.

**OUTPATIENT BAHAMAS SURGERY:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

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

**POST-OPERATIVE PHYSICAL THERAPY TO START AFTER SURGERY TIMES TEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Rehabilitative Guidelines, physical therapy would not be indicated as the need of operative intervention has not been established.

**OUTPATIENT PHYSICAL THERAPY THREE TIMES FOUR AFTER INITIAL TEN TREATMENTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Rehabilitative Guidelines, continued outpatient physical therapy would not be indicated as the need of operative intervention has not been established.

**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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

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

**TED STOCKINGS:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**CONTINUOUS POSITIVE MOTION TIMES THREE WEEKS:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**COLD THERAPY UNIT:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**PRE-OPERATIVE VISIT:** 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).

**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.