

Case Number:	CM14-0005176		
Date Assigned:	01/24/2014	Date of Injury:	06/17/2010
Decision Date:	06/19/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

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 injured worker is a 50-year-old female who reported injury on 06/17/2010. The injured worker underwent a right knee arthroscopic surgery on 01/26/2011. The specific mechanism of injury was not provided. Documentation of 08/02/2013 revealed the injured worker had an arthrogram of the right knee on 05/28/2013 which indicated the injured worker had a medial meniscus root tearing with meniscal subluxation and progression of cartilage wear in the medial compartment. The injured worker had a high grade chondromalacia in the patellofemoral joint and a low level stress response of the extensor mechanism. The injured worker had a relatively minor chondromalacia and degenerative change of the meniscus in the lateral compartment with a singular loose body which was seen before. The injured worker had subjective complaints of throbbing, pressure, aching in the right knee, and low back pain and discomfort. The injured worker noted pain and swelling in the right knee and the pain was stabbing and burning in nature. The objective findings included the injured worker walked with an antalgic gait favoring the right leg. The injured worker had a very large effusion with positive ballottement test on the right knee. There was pain with flexion and extension of the right knee. The diagnoses included chronic contusion/sprain of the right knee, status post arthroscopic surgery right knee, degenerative joint disease right knee, tricompartmental osteoarthritis right knee, small leaking Baker's cyst right knee, and ganglion cysts of the right gastrocnemius along with right chondromalacia of the patella. The treatment plan was for medication refills. The discussion included whether the injured worker wished to undergo surgical intervention in the form of a revision. The documentation of 08/09/2013 was requesting knee surgery. There was no DWC Form RFA submitted to indicate the requested procedures. Per the application for independent medical review the request was for a right knee operative arthroscopy, patelloplasty, possible subcutaneous lateral release of the retinaculum and partial meniscectomy, postoperative physical

therapy 3 times 4 to the right knee, X-Force unit 30 day rental, CPM 14 day rental, Q-Tech Recovery System 30 day rental, crutches, and a range of motion brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY, PATELLOPLASTY, POSSIBLE SUBCUTANEOUS LATERAL RELEASE OF THE RETINACULUM AND PARTIAL MENISCECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, KNEE COMPLAINTS, 529-532

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Lateral Release of the Retinaculum, does not address Patelloplasty Other Medical Treatment Guideline or Medical Evidence: Sun, Y. Q., Yang, B., Tong, S. L., Sun, J., & Zhu, Y. C. (2012). Patelloplasty versus traditional total knee arthroplasty for osteoarthritis. *Orthopedics*, 35(3), 189.

Decision rationale: The ACOEM Guidelines indicate that a referral for a surgical consultation is appropriate for injured workers who have activity limitations for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Additionally, it indicates for injured workers with meniscus tears they should have symptoms other than simply pain including locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear on examination, tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion, and consistent findings on an MRI. The clinical documentation submitted for review indicated that the injured worker had medial meniscal root tearing; however, the official study was not provided for review. Additionally, the injured worker had complaints of pain and there were no clear signs of a bucket handle tear on examination. The Official Disability Guidelines indicate the criteria for a lateral retinacular release include: documentation of physical therapy or medications plus knee pain sitting or pain with patellar or femoral movement or recurrent dislocations and lateral tracking of the patella or recurrent effusion or patellar apprehension or synovitis with or without crepitus or increased Q-angle greater than 15 degrees plus abnormal patellar tilt on x-ray, computed tomography or MRI. There were no x-rays provided for review and the MRI that was discussed in the office note failed to indicate the injured worker had an abnormal patellar tilt on x-ray. There was a lack of documentation of objective clinical findings to support the injured worker had met the above criteria. There was a lack of documentation indicating the duration, and the injured worker's response to physical therapy. There was a lack of documentation of knee pain with sitting or pain with patellofemoral movement or recurrent dislocation. The lateral retinacular release would not be supported. Per Sun, Y.Q., et. al., (2012), "Patelloplasty is better than traditional patellar management at relieving pain, enhancing patient satisfaction, and improving function, indicating that patelloplasty is a proper approach in patellar non-resurfacing in TKA". The clinical documentation submitted for review failed to indicate the request was for

a total knee arthroplasty. There was no official MR arthrogram submitted for review. Given the above, the request for right knee arthroscopy, patelloplasty, possible subcutaneous lateral release of the retinaculum and partial meniscectomy is not medically necessary and appropriate.

POST-OP PHYSICAL THERAPY FOR THE RIGHT KNEE 3 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES- PHYSICAL MEDICINE, ,

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

X-FORCE UNIT, 30 DAY RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES -TENS, , 116

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

CPM (CONTINUOUS PASSIVE MOTION) UNIT 14 DAY RENTAL: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

QTECH RECOVERY SYSTEM, 30 DAY RENTAL: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

CRUTCHES: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

ROM (RANGE OF MOTION) BRACE: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.