

Case Number:	CM14-0008453		
Date Assigned:	02/12/2014	Date of Injury:	09/19/2012
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 Orthopaedic 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:

This 25-year-old male HVAC (heating, ventilation, and air conditioning) worker sustained an industrial injury 9/19/12. The injury occurred when a wrench he was using slipped and his weight shifted to an awkward position, resulting in a left knee patella dislocation and right knee sprain/strain. The 12/13/12 left knee MRI (magnetic resonance imaging) impression documented patellofemoral mal-alignment with lateral patellar chronic subluxation and probable acute to subacute dislocation injury. There was mild osteoedema related to impaction at the anterolateral femoral condyle, quadriceps and infrapatellar tendinosis, and grade 3 patellofemoral chondromalacia. There was a 5 mm loose body within the suprapatellar lateral joint space. The 2/20/13 orthopedic report documented x-rays findings of a flat distal femoral trochlea and corresponding flat patella with extensive lateral facet and no discernible ridge between the medial and lateral patella facets. The patellofemoral joint demonstrated a lateralization of the patella on the sunrise view. The records indicated that conservative treatment had included medications, patellar tracking brace, home strengthening exercises, and physical therapy. The 12/20/13 treating physician report indicated the patient had not improved since the date of injury. Subjective complaints included continued left anterolateral knee pain with grinding episodes. Knee pain increased with recent weight gain. Left knee physical exam findings documented height 5 feet 5 inches, weight 198 pounds, grinding with knee flexion/extension, tenderness on the anterior aspect of the patellofemoral joint, and no ligamentous instability. Right knee exam demonstrated patellar crepitus with flexion and extension. The diagnosis was left knee loose body, patellar chondromalacia, and patellar subluxation. The treatment plan recommended left knee arthroscopy with chondroplasty and removal of loose body. The patient was working full duty. The 12/31/13 utilization review denied the request for left knee arthroscopy with chondroplasty and removal of loose body as there was no imaging evidence of a loose body.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY OF THE LEFT KNEE WITH CHONDROPLASTY/REMOVAL OF LOOSE BODY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Chondroplasty, Loose body removal surgery.

Decision rationale: Under consideration is a request for arthroscopy of the left knee with chondroplasty and removal of loose body. The California MTUS does not provide recommendations for chronic knee conditions. The Official Disability Guidelines (ODG) criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI (magnetic resonance imaging). Loose body removal surgery is recommended where symptoms are noted consistent with a loose body, after failure of conservative treatment. The MTUS Guidelines criteria have been met. The patient has failed to improve despite comprehensive conservative treatment. There is continued anterolateral pain with grinding. MRI imaging documented grade 3 patellofemoral chondromalacia and a loose body within the suprapatellar joint space. Therefore, this request for arthroscopy of the left knee with chondroplasty and removal of loose body is medically necessary.