

<b>Case Number:</b>	CM14-0114866		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Surgeon, has a subspecialty in Pediatric Orthopedics 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 55-year-old female who reported an injury on 02/11/2008. The mechanism of injury was not provided for review. The most recent clinical evaluation submitted for this review was dated 05/28/2014. It was noted that the injured worker complained of low back, bilateral knee, left shoulder, and right foot pain. A physical evaluation was not provided during this examination. A request was made for Left Knee Lateral Release, Iliotibial Band Release with associated postsurgical ancillary services. However, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left Knee Lateral Release, Iliotibial Band 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 Knee and Leg 06/05/2014 Lateral Retinacular Release.

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

**Decision rationale:** The requested for Left Knee Lateral Release, Iliotibial Band Release is not medically necessary or appropriate. The American College of Occupational and Environmental

Medicine recommends surgical intervention for knee injuries to be supported by documented physical findings corroborated by pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide sufficient evidence that the injured worker has failed all lower levels of equipment and requires surgical intervention. Additionally, an imaging study or diagnostic testing was not provided to support the need for surgical intervention. Official Disability Guidelines recommend lateral retinacular release for injured workers who have persistent pain complaints with objective findings of recurrent effusion, patellar apprehension, synovitis without crepitus, increased Q angle, and/or lateral tracking of the patella. The most recent clinical evaluation did not provide any physical deficits that would support the need for surgical intervention. As such, the requested left knee lateral release and iliotibial band release is not medically necessary or appropriate.

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

**1 Day Inpatient Stay:** 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.

**Cold Therapy Unit:** 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.

**Post-Operative twelve (12) Physical Therapy visits for Left Knee:** 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.