

Case Number:	CM14-0126376		
Date Assigned:	08/13/2014	Date of Injury:	09/23/2011
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/08/2014

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 Indiana. 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 22-year-old male who sustained bilateral knee injuries in September 2011 when he tripped at work carrying boxes to stack. He developed bilateral anterior knee pain after falling on both knees. The claimant is morbidly obese. The claimant was treated conservatively with Euflexxa injections, physical therapy, and McConnell taping. On physical examination the claimant had pain with patellofemoral compression with crepitation and an MRI of the left knee performed on 2/24/12 demonstrated "bone edema along the lateral femoral condyle with fibrillation of the articular surface and diminished signal seen withing the lateral collateral ligament with no definitive tear. Mild edema seen within patella as well and it appears to be laterally subluxed or positional. ACL and PCL are intact. No meniscal injury identified." X-rays revealed a lateral riding patella with a spur at the lateral femoral condyle and subsclerotic changes at the lateral facet of the patella. The treating physician has requested authorization for surgery for a left knee lateral release and possible medial patellofemoral ligament reconstruction with assistant surgeon and Euflexxa injection for right knee under ultrasound x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Lateral Release and possible Medial Patellofemoral Ligament Reconstruction with Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery Lateral retinacular release.

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 (Acute and Chronic), Lateral Retinacular Release.

Decision rationale: According to the ODG Guidelines, lateral retinacular release is Recommended as indicated below. ODG Indications for Surgery Lateral retinacular release: Criteria for lateral retinacular release or patella tendon realignment or maquet procedure is 1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture), Medications, Subjective Clinical Findings: Knee pain with sitting or Pain with patellar/femoral movement or recurrent dislocations. 3. Objective Clinical Findings: Lateral tracking of the patella or Recurrent effusion, Patellar apprehension, Synovitis with or without crepitus, Increased Q angle >15 degrees, Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. According to the records provided for review, the claimant meets all of the ODG criteria for surgery for a lateral retinacular release includes Conservative care: the claimant has received supervised PT including McConnell taping with temporary improvement in the claimant's symptoms, subjective Clinical Symptoms: severe left knee pain with Objective Clinical Findings: a positive compressions test with crepitation, Imaging Clinical Findings: lateral patellar tracking on x-ray and MRI of the knee, Since all criteria are met for performance of a lateral retinacular release have been met and because a patellar realignment often requires more than just a lateral retinacular release (i.e. possible medial patellofemoral ligament reconstruction), the requested procedure is medically necessary. However, the complexity of the procedure does not warrant the need of an assistant surgeon. Therefore, the procedure requested is medically necessary with the modification of no medical necessity for an assistant surgeon.

Euflexxa injection for right knee under Ultrasound 1 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Patellar Knee Pain.

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 (Acute and Chronic), Hyaluronic acid injections.

Decision rationale: According to the ODG Guidelines, hyaluronic acid injections (eg. Euflexxa) is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. See Recent research below. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis

dissecans, or patellofemoral syndrome (patellar knee pain). Since there is insufficient evidence for use of hyaluronic acid injections for treatment of patellofemoral arthritis, chondromalacia patellae, or patellofemoral syndrome according to the ODG guidelines, the requested procedure is not medically necessary.