

<b>Case Number:</b>	CM14-0127475		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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:

This is a 43-year-old female who sustained a vocational injury to the left knee when coming down some stairs on 07/29/13. The report of radiographs from 03/04/14 showed no significant acute or degenerative changes. It was documented that the claimant had two tibial tuberosity screws and some mild spurring of the joint surfaces. The report of an MRI of the left knee dated 04/04/14 showed shallow trochlear groove with high riding laterally subluxed patella. There was moderate chondromalacia at the patellofemoral compartment with cartilage irregularity, fissuring and thinning at the lateral patella and lateral trochlear articular surfaces. There was moderate chondromalacia at the medial femoral compartment with cartilage thinning and irregularity. The office note dated 08/06/14 noted that the claimant had chronic left knee pain, which was worsening. Examination of the left knee showed tenderness at the patella with swelling, positive lateral and medial joint line tenderness to palpation, and mild to moderate swelling of the knee. A steroid injection was provided into the left knee for the diagnosis of left knee internal derangement. Conservative treatment to date other than the aforementioned steroid injection included Ibuprofen, formal physical therapy and bracing. This review is for left knee arthroscopic lateral release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopic lateral release:** 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 Knee & Leg chapter: Lateral retinacular release.

**Decision rationale:** California ACOEM Guidelines note that there should be documentation of activity limitation for more than one month and failure of an exercise program to increase range of motion and strength of the musculature around the knee. Official Disability Guidelines note that prior to considering lateral retinacular release, there should be clinical findings on a diagnostic study, which would support that surgical intervention may be appropriate in both the short and long term prognosis. An office note from 06/11/14 noted that the claimant had abnormal J tracking, recurrent small effusion and palpable anterior crepitus with active range of motion as well as pain both on the medial and anteromedial joint line with any provocative maneuvers of her patella. The claimant has ongoing subjective complaints that affect activities of daily living, appropriately reported abnormal physical exam objective findings, documentation of failure to improve with conservative treatment and MRI findings consistent with abnormal patella tracking and associated pathology with such. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines, The request for left knee arthroscopic lateral release would be considered medically reasonable.