

Case Number:	CM14-0132362		
Date Assigned:	08/22/2014	Date of Injury:	02/11/2008
Decision Date:	09/18/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 53-year-old female bus driver and dispatcher sustained an industrial injury on 2/11/08. Past medical history was positive for asthma, hypothyroidism, fibromyalgia, hypertension, and obesity (body mass index 46.75). Past surgical history was positive for multiple left knee surgeries including left total knee replacement with patella arthroplasty component on 5/20/08 with manipulations and arthroscopic releases of the left knee on 6/25/08, 8/20/08 and 2/4/09. The patient was also status post right total knee replacement on 4/4/13. The 7/23/14 treating physician report cited worsening grade 8/10 left knee pain with increased swelling and stiffness and frequent painful popping. Left knee exam documented tenderness at the lateral patellofemoral joint, patellar tendon, lateral joint line, and iliotibial band (ITB). There was diffuse swelling noted. Range of motion was 20-90 degrees with full passive range of motion. Left knee x-rays documented lateralized patella, lateral subluxation and tilting of the patella. The patient had attended physical therapy and tried different knee braces and patella specific braces without benefit. Conservative treatment had failed and the patient had experienced a significant increase in pain and functional difficulty in activities of daily living. The patient was not a candidate for corticosteroid injection as this would not change the alignment of the patella and might increase the risk of injection in this joint replacement patient. Arthroscopy with lateral release and possible ITB lengthening was recommended. The 8/5/14 utilization review approved the request for left knee lateral release, and modified the request to include ITB release if there was continued tightness of the ITB preventing extension following the lateral retinacular release. The request for a cold therapy unit with wrap was modified to a 7-day rental of a cryotherapy unit. The request for physical therapy 3x4 was modified to physical therapy 2x6. The request for one-day inpatient stay was denied as there was no documentation provided why this procedure could not be completed as an out-patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee iliotibial band release QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Lateral Retinacular Release Other Medical Treatment Guideline or Medical Evidence: Wheelless' Textbook of Orthopaedics, TKR: Lateral Retinacular Release, <http://www.wheelessonline.com>.

Decision rationale: The California MTUS guidelines do not specifically provide recommendations for this procedure. The Official Disability Guidelines provide specific guidance for lateral retinacular release that include completion of conservative treatment (physical therapy or medications), subjective and objective clinical findings consistent with abnormal patellar tilt on imaging. Guidelines do not specifically address iliotibial band release during lateral retinacular release post total knee replacement (TKR). Wheelless indicates that during post TKR lateral retinacular release, additional soft tissue release may be required based on intraoperative evaluation of the mobility of the patella. The 8/5/14 utilization review modified the request for ITB release and approved this procedure if there was continued tightness of the ITB preventing extension when evaluated intraoperatively following the lateral retinacular release. The actual surgical request was for a possible ITB release which is consistent with the current modification. Therefore, this request is not medically necessary.

One (1) day inpatient stay QTY: 1: Upheld

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, Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines (ODG) recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The ODG does not address in-patient stay for a lateral retinacular release, indicating that this would be considered an out-patient procedure. There is no compelling reason presented to support the medical necessity of in-patient admission for this procedure. Therefore, this request is not medically necessary.

Post operative physical therapy,3 times a week for 4 weeks, left knee QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California Post-Surgical Treatment Guidelines for dislocation of the patella suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 8/14/14 utilization review modified a request for physical therapy 3x4 to physical therapy 2x6. There is no compelling reason to support the medical necessity of treatment beyond the 12 post-op physical therapy visits previously certified. Therefore, this request is not medically necessary.

Cold therapy unit QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Continuous -flow cryotherapy.

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, Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 8/5/14 utilization review decision recommended partial certification of a cryotherapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.

Wrap/pad for cold therapy unit QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg.

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, Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 1/16/14 utilization review decision recommended partial certification of a cryotherapy unit which would include associated equipment for 7-day rental. There is no compelling reason in the medical records to support the

medical necessity of a cold therapy unit or associated equipment beyond the 7-day rental already certified. Therefore, this request is not medically necessary