

Case Number:	CM14-0140036		
Date Assigned:	09/08/2014	Date of Injury:	05/23/2014
Decision Date:	12/12/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 19-year-old male with a 5/23/14 date of injury. The mechanism of injury occurred when he was picking up a 50-pound bag off the floor and experienced a pop in the left knee when standing up. According to a progress report dated 10/28/14, the patient rated his left knee pain as a 7/10, and rated his right knee pain at a 5/10. According to an initial orthopedic consultation report, dated 9/5/14, the provider recommended initial conservative management with therapy for range of motion strengthening exercises. The provider reported that if the patient continued to have instability of the patella with recurrent dislocations, he may require surgical intervention to stabilize the patella. Objective findings: left knee examination demonstrated range of motion 0-110 degrees, painful patellofemoral crepitance, positive apprehension testing of the patella, right knee examination demonstrated range of motion 0-120 degrees, painful patellofemoral crepitance. Diagnostic impression: status post left knee patellar dislocation with persistent instability, bilateral knee chondromalacia patella. Treatment to date: medication management, activity modification, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy. A UR decision dated 8/6/14 modified the request for Referral to orthopedic surgery in consideration for patellar realignment and stabilization surgical procedure to certify Referral to orthopedic surgeon for consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic surgery in consideration for patellar realignment and stabilization surgical procedure: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156 and Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, this patient has already had an initial orthopedic consultation on 9/5/14. The provider recommended initial conservative management with therapy for range of motion strengthening exercises. The provider reported that if the patient continued to have instability of the patella with recurrent dislocations, he may require surgical intervention to stabilize the patella. In the present case, it is unclear why this request is being made at this time in light of the fact that the orthopedic surgeon has already evaluated this patient and has recommended initial conservative management with therapy. There is no documentation that this patient has failed conservative treatment at this time to establish medical necessity for consideration of a surgical procedure.