

<b>Case Number:</b>	CM14-0161083		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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:

34 year old male claimant with an industrial injury dated 07/07/13. The patient is status post a lateral release, partial lateral meniscectomy, and Synovectomy as of 02/19/14. Exam note 08/18/14 states the patient returns with left knee pain, and weakness. The patient states that he experiences stiffness, and instability. The ultrasound demonstrates that the changes are consistent with the previous lateral release and partial lateral meniscectomy as well as lateral meniscus tear and loose body formation. Upon physical exam there was tenderness surrounding the patellar tendon, and medial/lateral facet tenderness. The patient was positive for patellar crepitus, and had abnormal passive patellar translation and tilt. The patient demonstrated a 4/5 quadriceps strength. Treatment plan includes a MRI of the knee to focus on the MPFL (Medial Patellofemoral Ligament) and the injured worker, and it would likely require MPFL reconstruction with semitendinosus allograft.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee MPFL (Medial Patellofemoral Ligament) Reconstruction with Semitendinosus Allograft:** 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 Earhart C, Patel DB, White EA, Gottsegen CJ, Forrester DM, Matcuk GR Jr. Transient lateral patellar dislocation: review of imaging findings, patellofemoral anatomy, and treatment options. Emerg Radiol. 2013 Jan; 20(1):11-23.

**Decision rationale:** CA MTUS/ACOEM/ODG is silent on the issue of medial patellofemoral ligament reconstruction. According to Earhart et al, the MRI findings of lateral patellar dislocation are required to obtain the diagnosis. In this case there is no evidence of MRI findings of lateral patellar dislocation to warrant repair. Therefore the request is not medically necessary.

**Arthroscopic evaluation:** 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 procedures are not medically necessary, none of the associated services are medically necessary.

**Arthroscopic removal of loose body:** 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, Loose body

**Decision rationale:** CA MTUS/ACOEM and ODG Shoulder section is silent on the issue of loose body removal. An alternative guidelines was selected which is ODG Knee and Leg chapter regarding loose body removal. It recommends removal of loose bodies when there is a failure of conservative treatment but not when treatment of osteoarthritis is the primary indicator. In this case the exam note from 8/18/14 does not demonstrate MRI evidence of a loose body. Therefore, the request is not medically necessary.

**Partial lateral meniscectomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Meniscectomy section

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 8/18/14 do not demonstrate evidence of MRI supporting a lateral meniscus tear. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the request is not 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 procedures are not medically necessary, none of the associated services are medically necessary.

**Surgi-stim unit x90 days rental:** 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 procedures are not medically necessary, none of the associated services are medically necessary.

**Post-op left knee PT x12:** 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 procedures are not medically necessary, none of the associated services are medically necessary.

**CPM x14 days rental:** 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 procedures are not medically necessary, none of the associated services are medically necessary.