

Case Number:	CM14-0178490		
Date Assigned:	10/31/2014	Date of Injury:	08/24/2013
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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 30-year-old male customer service associate sustained an industrial injury on 8/24/13. Injury occurred when he was stepping forward with the left leg, stepped wrong and felt immediate left knee pain. Conservative treatment included anti-inflammatory and pain medications, bracing, home exercise, physical therapy, and activity modification since approximately October 2013 without sustained improvement. A left knee injection reportedly worsened the symptoms. The 3/24/14 initial treating physician report cited constant grade 7/10 left knee pain and compensatory grade 4-5/10 right knee pain. Left knee exam findings documented slight limp favoring the left lower extremity and medial/lateral joint line and patellar tenderness. Findings documented tender palpable plica, patellofemoral crepitus, range of motion 0-144 degrees, and positive patellar grind and valgus stress tests. Physical therapy was recommended. The 9/24/14 treating physician progress report cited continued complaints of grade 5-6/10 left knee pain that increased with prolonged walking and kneeling. Pain decreased slightly with rest and home exercise. Left knee exam documented tenderness to palpation over plica band, patellofemoral region and medial femoral condyle. There was no laxity. There was 4/5 extension weakness and range of motion was 10-135 degrees. The treatment plan recommended left knee plica resection, modified work, anti-inflammatory medication, and continued home exercise and electrical stimulation. The 10/6/14 utilization review denied the request for left knee plica resection as MRI was negative for any left knee abnormality, and there was no detailed history of recurrent symptoms or findings suggestive of a plica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Plica Resection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weckström M, Niva MH, Lamminen A, Mattila VM, Pihlajamäki HK., Arthroscopic resection of medial plica of the knee in young adults. *Knee*. 2010 Mar;17(2):103-7; Wheelless' Textbook of Orthopaedics, http://www.wheelsonline.com/ortho/medial_plica_shelf_plica

Decision rationale: The California Medical Treatment Utilization Schedule, Official Disability Guidelines, or National Guideline Clearinghouse does not provide recommendations for excision of plica. Peer-reviewed literature indicates that medial plica irritation of the knee is a common source of anterior knee pain. Conservative treatment includes physiotherapy, reducing activity, and rest. In cases that do not respond initially to an exercise program, corticosteroid injections and non-steroidal anti-inflammatory medication are given. If conservative treatment fails, surgical treatment using arthroscopy is appropriate. Guideline criteria have been met. This injured worker presents with significant on-going pain and functional impairment precluding return to full duty work. Clinical exam findings are positive for the presence of painful medial plica. Evidence of at least 6 months of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.