

<b>Case Number:</b>	CM14-0037473		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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:

The claimant is a 46-year-old female detention service officer who sustained a vocational injury on June 21, 2011. The report of an MRI of the left knee dated August 20, 2012 showed a small joint effusion, mild chondromalacia of the patella, and scarring of the infrapatellar and Hoffa's fat pad which raised the possibility of underlying patellofemoral tracking abnormality. The claimant's current working diagnosis is the same as her MRI findings. At that office visit on February 18, 2014, the claimant had 8/10 pain. On exam, her range of motion was noted to be 135 degrees of flexion to 180 degrees of extension which was equal to the contralateral right knee. The claimant had positive medial patellar facet tenderness, lateral patellar facet tenderness, and patellar tendon tenderness. She had a noted effusion and patellar crepitus on the left knee. She was noted to have an abnormal passive patellar translation and an abnormal passive patellar tilt. Conservative treatment to date according to the February 18, 2014 office note includes supervised physical therapy, home exercise program, activity modification, antiinflammatory medication and it is noted that the claimant has demonstrated progression of symptoms despite the passage of time since the date of injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic left knee evaluation, arthroscopic lateral release, chondroplasty, synovectomy and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter Lateral retinacular release Surgery indications.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter: Chondroplasty; lateral retinacular release.

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for arthroscopic left knee evaluation, arthroscopic lateral release, chondroplasty, synovectomy and debridement cannot be recommended as medically necessary. The medical records provided for review fails to establish that the claimant has an abnormal patellar tilt on plain x-ray, CT, or MRI. The documentation also fails to establish that the claimant has a chondral defect on MRI. Therefore, based on the fact that there is a lack of diagnostic testing supporting pathology which would be amenable to the requested surgical intervention, the current request cannot be considered medically necessary based on the documentation presented for review.

**Pre operative Medical Clearance:** 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 procedure is not medically necessary, none of the associated services are medically necessary.

**Supervised post operative rehabilitative therapy 12 sessions (3X4):** 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 procedure is not medically necessary, none of the associated services are medically necessary.

**Continous Passive Motion Device 14 days:** 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 procedure is not medically necessary, none of the associated services are medically necessary.

**Surgi-Stim unit 90 days:** 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 procedure is not medically necessary, none of the associated services are medically necessary.

**Coolcare 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 procedure is not medically necessary, none of the associated services are medically necessary.