

<b>Case Number:</b>	CM14-0038200		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

This injured worker is a 46-year-old male who sustained a vocational injury when he slipped on a ramp on January 12, 2012. The medical records provided for review document the injured worker's working diagnoses are internal derangement of the bilateral knees with patellofemoral chondromalacia. The report of the office visit on February 6, 2014 noted complaints of constant pain, locking, and swelling in both knees with activity and prolonged standing. Physical examination was documented to show tenderness in the anterior joint line space, left greater than right, and around the patellar facet joint, bilaterally positive patellar grind test and lateral shifting of the patella on exam. The report of X-rays of the bilateral knees on February 6, 2014 showed findings to be within normal limits bilaterally. The report of the MRI of the right knee dated January 29, 2014, showed a tiny Baker's cyst with no effusion; the MRI was noted to be within normal limits. The report of the MRI of the left knee dated January 29, 2014 showed mild proximal patellar tendinosis, mild patellar subluxation and no patellar tendon tear. The request for this review is for left then right knee scope.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left>Right knee scope:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation ODG Indications for Surgery -- Chondroplasty.

**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: Lateral retinacular release.

**Decision rationale:** The medical records presented for review failed to identify that there was significant pathology either on plain radiographs or MRI scans of the bilateral knees, that would be amenable to the requested surgical procedure. There is also no documentation to determine if the injured worker has had continuous exhaustive courses of conservative treatment for which he has failed, which should include oral anti-inflammatories, home exercise program, weight reduction, formal physical therapy, and consideration of an intra-articular cortisone injection. There is no documentation of recurrent subluxation of the patella. Therefore, based on the documentation presented for review, and in accordance with the referenced ACOEM and ODG Guidelines, there is no rationale for the proposed surgery. As such, the request is not medically necessary.