

<b>Case Number:</b>	CM14-0044342		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/11/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Orthopaedic and is licensed to practice in Texas. 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 injured worker is a 38 year-old female who sustained an industrial injury on 11/11/10. Injury occurred when the injured worker twisted her right knee descending stairs. The 5/1/13 right knee magnetic resonance imaging (MRI) impression documented mild chondromalacic changes affecting the patellofemoral compartment, most prominent laterally. The menisci, cruciate and collateral ligaments were intact. The injured worker underwent right knee arthroscopic patellofemoral chondroplasty and anterior compartment synovectomy on 10/17/13. The 3/24/14 treating physician report indicated that the patient was having a lot of anterior knee pain. The cortisone injection helped a bit. A physical exam documented anteromedial joint line tenderness to palpation with range of motion 0-120 degrees. Four views of the right knee were taken. The Insall-Salvati (IS) ratio was 1.25. Radiographs were otherwise unremarkable. Magnetic resonance imaging (MRI) findings showed mild chondromalacia with an Insall-Salvati (IS) ratio of 1.3. The diagnosis was right anteromedial knee pain, patellofemoral pain syndrome, patellofemoral chondromalacia grade II medial patellar facet and central ridge, and patella alta. The treatment plan recommended tibial tubercle osteotomy and distalization to address her patella alta. The injured worker was not working. The 5/5/14 treating physician report indicated the injured was about the same. The physical exam was unchanged. The 6/24/14 utilization review denied the request for tibial tubercle osteotomy and distalization as there was no clear documentation of how this would reduce the reported patellofemoral chondromalacia. There was no evidence of patellar subluxation or instability. The 6/16/14, treating physician report indicated the injured worker was about the same with 5/5 constant pain. The physical exam was unchanged. Surgery was again requested. Additionally, an infectious disease consult was requested to rule-out Lyme disease as her antibody levels were equivocal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee outpatient diagnostic arthroscopy, tubercle osteotomy and distalization:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sherman SL, Erickson BJ, Cvetanovich GL, Chalmers PN, Farr J 2nd, Bach BR Jr, Cole BJ. Tibial Tuberosity Osteotomy: Indications, Techniques, and Outcomes. Am J Sports Med. 2013 Nov 6; pages 42(8):2006-2017

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS), Official Disability Guidelines, and National Guideline Clearinghouse did not provide specific guidelines for this surgical procedure. Peer-reviewed literature stated that the only operative indication after a first-time patellar dislocation is the presence of an unstable osteochondral lesion. Surgery is indicated for recurrent patellar dislocations despite adequate non-operative treatment (i.e., anti-inflammatory medication, bracing, physical therapy, injection, taping). For patellofemoral chondral lesions or arthritis, surgical indications include persistent pain, swelling, and/or mechanical symptoms despite following a reasonable trial of non-operative treatment (i.e., closed chain exercises, core strengthening, proprioceptive training, balance training, gait training, McConnell patellar taping, and patellar bracing). Guideline criteria have not been met. There is no documentation relative to patellar dislocation or instability. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment, including patellar bracing and taping, had been tried and failed. There is no post-operative imaging documentation evidencing an osteochondral lesion noted in the file. Therefore, this request is not medically necessary.

**Pre-operative medical clearance review of records and narrative reports:** 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 Sherman SL, Erickson BJ, Cvetanovich GL, Chalmers PN, Farr J 2nd, Bach BR Jr, Cole BJ. Tibial Tuberosity Osteotomy: Indications, Techniques, and Outcomes. Am J Sports Med. 2013 Nov 6; pages 42(8):2006-2017

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary

**Post-Operative Physical Therapy Qty: 12 to 18 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Thigh high TED hose stocking:** 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, Compression garments

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Crutches:** 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, Walking Aids (Canes, Crutches, Braces, Orthosis, & Walkers).

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**DJT Range of Motion (ROM) Brace:** 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): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Braces

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.