

<b>Case Number:</b>	CM14-0054773		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 49-year-old female food service worker sustained an industrial injury on 2/17/13, relative to a slip and fall. The 9/18/13 initial orthopedic evaluation cited subjective complaints of anterior left knee pain and instability. She was working but having difficulty due to knee pain and she could not trust the knee when ambulating. Physical exam documented left antalgic gait, moderate intra-articular effusion, and anterior knee pain to palpation. The patella was tracking laterally within the trochlea during knee flexion and extension. Patellar apprehension sign was positive bilaterally. Patellar grind test was positive. There was minimal patellar crepitus. Quadriceps angle was slightly elevated at 12. Knee range of motion was symmetrical with 180 degrees extension and 135 degrees flexion. Strength was 5/5 bilaterally. X-rays showed lateral patella tilt. The diagnosis noted clinical and MRI evidence of lateral left patellar tilt with patellofemoral malalignment. The patient had been treated appropriately with physical therapy, medications, bracing, and rest but remained disabled. A diagnostic and operative arthroscopy with patellar stabilization was recommended. The 3/4/14 treating physician progress report cited left knee pain and swelling. There was mild hydrarthrosis, positive meniscal sign, positive patellofemoral joint tenderness, and no ligament signs. The treatment plan indicated knee surgery was pending. The patient was off work. The 4/2/14 utilization review did not grant the request for left knee surgery as there was no abnormal patellar tilt noted on the MRI, there was no radiographic report showing patellar tilt or subluxation, the extensor mechanism was intact, and there was no documentation of exercise. Records documented a physical therapy knee program in August 2013 and use of anti-inflammatories and pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee diagnostic and operative arthroscopy with patellar stabilization:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines: <http://www.odg-twc.com/knee.htm>, Official Disability Guidelines: Indications for Surgery - Lateral retinacular release.

**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, Diagnostic arthroscopy, Lateral retinacular release.

**Decision rationale:** The California MTUS does not provide surgical recommendations for chronic knee surgeries. The Official Disability Guidelines recommend diagnostic arthroscopy when criteria are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and inconclusive imaging. Patella stabilization, in the form of lateral retinacular release, is recommended when criteria are met. Indications include physical therapy or medications, and pain with sitting or patellar/femoral movement or recurrent dislocations. Clinical exam findings should include lateral tracking of the patella, recurrent effusion, patellar apprehension, synovitis with or without crepitus, and Q angle greater than 15 degrees. Imaging findings of abnormal patellar tilt are required. Guideline criteria have been met. This patient has completed guideline-recommended conservative treatment with physical therapy and medications. There are continued reports of anterior knee pain with a feeling of instability when walking and functional limitations with work duties. Objective findings included moderate effusion, lateral patellar tracking, positive patellar apprehension and grind tests, and minimal patellar crepitus. The orthopedist reported radiographic and imaging evidence of patellar tilt with patellofemoral malalignment. Therefore, this request for left knee diagnostic and operative arthroscopy with patellar stabilization is medically necessary.