

Case Number:	CM14-0055189		
Date Assigned:	07/07/2014	Date of Injury:	02/21/2013
Decision Date:	08/28/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	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:

The claimant is a 43-year-old gentleman who sustained an injury to the left knee on 02/21/13 as a result of repetitive kneeling and walking. The report of an MRI dated 10/22/13 showed chondromalacia of the patella with no other acute clinical findings. The records document that the claimant had undergone arthroscopic debridement of the patella on 06/04/13. The report of a follow-up visit on 03/26/14 documented positive patellar inhibition and tilting of the patella on merchant view with tenderness to palpation. It stated that the claimant had been treated with conservative care including injection therapy with no significant benefit. There is no documentation of other clinical imaging, documentation of subjective complaints or clinical findings. This review is for surgery to include open lateral retinacular release procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lat retinacular release open: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Index: Indications for Surgery- Lateral retinacular release, 12th Edition (web), 2014, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for surgery of the patella in the form of a lateral retinacular release would not be indicated. Lateral retinacular releases are recommended for episodes of recurrent subluxation that have failed conservative care. The claimant's current clinical presentation is not consistent with recurrent subluxation or physical examination findings consistent with subluxation of the patella. Without documentation of true imaging findings of lateral patellar tilting or patella subluxation, the need for operative procedure requested would not be supported. Therefore, the request for lat retinacular release open is not medically necessary and appropriate.