

Case Number:	CM14-0067055		
Date Assigned:	07/11/2014	Date of Injury:	09/17/2008
Decision Date:	09/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 54-year-old female who reported an injury on 09/17/2008. The mechanism of injury was not specifically stated. The current diagnosis is chondromalacia of the patella in the left knee with lateral subluxation. The injured worker was evaluated on 03/06/2014 with complaints of increasing pain in the left knee and mild pain in the right knee. Previous conservative treatment is noted to include medications, physical therapy, activity modification, corticosteroids, Synvisc injections, and psychiatric treatment. Physical examination revealed tenderness underneath the medial patellar facet and the lateral patellar facet, lateral subluxation in the patella, marked patellofemoral crepitation, tenderness underneath the lateral patellar facet in the right knee, and mild effusion in the left knee. Treatment recommendations at that time included an arthroscopy with patellar shaving and lateral release. There were no official imaging studies provided for this review. There was no Request For Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy and Lateral Release as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. While it is noted that the injured worker has exhausted conservative treatment, there were no imaging studies provided for this review. Therefore, the current request for a left knee arthroscopy with lateral release cannot be determined as medically appropriate at this time and as such the request is not medically necessary and appropriate.