

Case Number:	CM14-0079578		
Date Assigned:	07/18/2014	Date of Injury:	11/03/2011
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 patient is a 59-year-old female who has submitted a claim for patellar pain, and patellofemoral malalignment associated with an industrial injury date of November 3, 2011. Medical records from 2014 were reviewed. The patient complained of right knee pain. Patient remained symptomatic for nearly 3 years. There was anterior knee pain, grinding, and crepitation with difficulty going down the stairs, squatting, and kneeling or crouching. Physical examination showed an antalgic gait. There was noted patellar crepitation, and medial and lateral facet pain of the right knee. Range of motion of the right knee was full. X-ray of the right knee dated April 21, 2014 showed continued patellofemoral malalignment. Official report of the imaging study was not available. Treatment to date has included hormone patch, hydrocodone-acetaminophen, tramadol, and activity modification. Utilization review, dated May 1, 2014, denied the request for debridement/medial reffing, right knee arthroscopic lateral retinacular release because there was no evidence of patient participation on physical therapy, and no evidence of recurrent effusion, patellar apprehension, or synovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Debridement/Medial Reffing, Right Knee Arthroscopic Lateral retinacular release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 11th edition (web), 2013, knee & leg, Lateral retinacular release (ODG)
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 Section,
Lateral Retinacular Release.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. Indications for lateral retinacular release include failure in conservative care, pain with patellar/femoral movement, recurrent dislocation, and lateral tracking of the patella, recurrent effusion, synovitis, and abnormal patellar tilt on x-ray, CT scan, or MRI. In this case, the patient has chronic right knee pain for 3 years. There was noted grinding and crepitation with difficulty going down the stairs, squatting, and kneeling or crouching. Physical examination showed patellar crepitus, and medial and lateral facet pain. X-ray of the right knee dated April 21, 2014 showed continued patellofemoral malalignment. However, there was no mention of recurrent dislocation, patellar apprehension, recurrent effusion, lateral tracking of the patella, or synovitis of the right knee. Furthermore, there was no evidence of failure of conservative treatment. The guideline criteria were not met. Therefore, the request for Debridement/Medial Reffing, Right Knee Arthroscopic Lateral retinacular release is not medically necessary.