

Case Number:	CM14-0081948		
Date Assigned:	08/08/2014	Date of Injury:	02/11/2008
Decision Date:	09/11/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/04/2014

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 is a 53-year-old female who was injured in a work related accident on 02/11/08. The requests for this review pertain to the claimant's left knee. The medical records provided for review document a prior left total knee arthroplasty; the date of surgery was not noted. A recent progress report of 05/05/14 reveals continued complaints of pain in the knee with physical examination showing tenderness of the lateral patellofemoral joint, patellar tendon, lateral joint line and iliotibial band with "swelling." Records document that recent plain film radiograph of the knee show good position of hardware with the exception of a patellar tilt. There is no documentation of recent conservative measures or indication of the claimant's current knee motion. This review is for surgery to include a Knee Arthroscopy, Lateral Retinacular Release with possible IT band lengthening procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Lateral Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter.

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

Decision rationale: Based on California ACOEM Guidelines, a Lateral Retinacular Release would not be indicated. The medical records document that the claimant has an abnormal patellar tilt on imaging but do not document any evidence of recurrent patellar subluxation or specific treatment in relationship to the claimant's patellar related complaints. Without documentation or recent treatment, physical examination findings of subluxation or documented history of recurrent subluxation, the request for lateral retinacular release is not medically necessary.

Left Knee Iliotibial Band Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: California ACOEM Guidelines would also not support an Iliotibial Band Release procedure. This claimant's current clinical picture fails to demonstrate clinical findings on imaging or physical examination that have been known to benefit in the short or long term from the procedure in question. The request in this case is not medically necessary.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cold Therapy Unit (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op Physical Therapy Left Knee 3 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines : Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1-day Inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - For average hospital LOS if criteria are met, see Hospital length of stay (LOS).ODG hospital length of stay (LOS) guidelines:Arthroscopy (80.26 - Knee arthroscopy)Actual data -- insufficient overnight staysBest practice target (no complications) - Outpatient.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.