

Case Number:	CM14-0089448		
Date Assigned:	07/23/2014	Date of Injury:	02/03/2014
Decision Date:	08/27/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 and Colorado. 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 30-year-old female who reported an injury on 02/03/2014. The injured worker reportedly twisted her right knee when she slipped on grease. The current diagnoses include right knee lateral patellar tracking, right knee moderate patella alta, right knee inferolateral patellar chondrosis, and possible medial and lateral meniscus tears. The injured worker was evaluated on 04/24/2014 with complaints of persistent knee pain and activity limitation. It was noted that the injured worker had not been previously treated with physical therapy. Current medications include Vicodin and Celebrex. Physical examination of the right knee revealed 0 to 105 degrees range of motion, mild effusion, negative apprehension, 1+ medial and lateral facet tenderness, 2+ medial and lateral joint line tenderness, and negative laxity. Extension and flexion weight bearing x-rays indicated well-maintained medial and lateral joint spaces with early bony spurs. Treatment recommendations at that time included an anterior medialization, tibial tubercle osteotomy with distalization, and possible meniscectomy. It was noted that the injured worker underwent a magnetic resonance imaging (MRI) of the right knee on 04/09/2014, which indicated shallow trochlear groove with lateral patellar subluxation, severe chondromalacia at the patellofemoral compartment, full thickness cartilage loss of the lateral patellar and lateral trochlear articular surfaces, moderate chondromalacia, secondary degenerative changes at the medial and lateral femoral compartments, large knee joint effusion with synovitis, and a large popliteal cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee anterior medialization tibial tubercle osteotomy with distalization, lateral retinacular lengthening possible medial and patellar reefing, possible meniscal repair:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. As per the documentation submitted, the injured worker has only been previously treated with anti-inflammatory medications and pain medications. There was no documentation of an exhaustion of conservative treatment prior to the request for a surgical procedure. As such, the request is not medically necessary.