

Case Number:	CM14-0097864		
Date Assigned:	07/28/2014	Date of Injury:	09/01/2009
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/26/2014

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 Pennsylvania. 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 33 year old gentleman who injured his left knee in a work related accident on 09/01/09. The 03/19/14 progress report noted continued left knee complaints with examination showing no evidence of instability, tenderness over the lateral patellar femoral joint and medial patellar femoral joint. The claimant was diagnosed with left knee chondromalacia and the recommendation was made for knee arthroscopy, lateral retinacular release and a plica excision. The medical records document that the claimant had prior surgery of right knee arthroscopic, lateral retinacular release in August of 2012. There is unfortunately no imaging reports for review or documentation of conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left knee arthroscopy with lateral release with plica resection: Upheld

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

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

Decision rationale: The CA ACOEM Guidelines only recommend patella lateral retinacular release for cases of recurrent subluxation. The medical records do not document any history of

subluxation of the patella, indication of recent conservative care or imaging reports. The records also note that a lateral retinacular release already occurred in August 2012. Without evidence of clinical imaging, recent conservative measures, or physical examination findings, a need for a repeat lateral retinacular release and arthroscopic assessment of the knee would not be indicated therefore the Outpatient left knee arthroscopy with lateral release with plica resection is not medically necessary.