

Case Number:	CM13-0036305		
Date Assigned:	12/13/2013	Date of Injury:	07/21/2012
Decision Date:	03/17/2015	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 male who suffered a work related injury on 07/21/12. Per the physician notes from 08/13/13, he complains of left knee pain. He had an injection that helped for a month. The pain radiates to his ankle. The diagnosis is chondromalacia of patella. The treatment plan includes continued physical therapy, and plans for left knee arthroscopic surgery. The surgery and preoperative clearance were non-certified by the Claims Administrator on 10/10/13 as conservative measure have not been exhausted per the ODG guidelines. These treatments were subsequently appealed for independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Section: Knee, Topic: Chondroplasty

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

Left knee arthroscopy, chondroplasty, and major synovectomy: 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), Knee and Leg, <http://www.guideline.gov/content.aspx?>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Section: Knee, Topic: Chondroplasty

Decision rationale: An Orthopedic Consultation dated April 23, 2013 is noted. The injured worker is a 53-year-old right hand dominant male cafeteria attendant. On 7/21/2012 he was pulling a dish cart and twisted his left knee and left foot as they became caught on the cart. He also had low back pain. He was placed on naproxen and then tried chiropractic treatments. He continued to experience left knee pain more on the medial as compared to the lateral side. It radiated down to the mid calf and up to the mid thigh. On examination he was tender to palpation on the posterior medial aspect of the left knee as well as the medial parapatellar area. There was pain on McMurray testing. Range of motion was 0-130 degrees. There was a small effusion. There was negative patellar apprehension, stable to varus and valgus, negative anterior drawer and Lachman. MRI scan revealed patellar subluxation laterally with lateral femoral condyle marrow edema and small joint effusion. There was thinning of the cartilage and osteochondral lesion of the lateral femoral condyle. And agreed medical examination of August 4, 2013 is noted. Examination of the knees revealed no warmth, swelling or effusion. There was trace retropatellar crepitus with active knee extension on the right, not on the left. There was left knee pain with patellar manipulation. Left lateral joint line tenderness at the left knee was reported. McMurray testing was negative. The assessment was left knee contusion with patellar subluxation, residual left knee pain consistent with patellofemoral syndrome, left foot contusion with residual mid foot metatarsalgia, low back pain, chronic, right lateral epicondylitis, chronic seizure disorder, balance problems of undetermined etiology. California MTUS guidelines for patellofemoral syndrome indicate severe patellar degeneration presents a problem not easily treated by surgery. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella, but surgical realignment of the extensor mechanism may be indicated in some patients. ODG criteria for chondroplasty include conservative care with medication or physical therapy plus subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus or limited range of motion plus imaging clinical findings of a chondral defect on MRI. The MRI report is not included with the medical records and therefore an objective assessment of a chondral defect cannot be made. As such, the request for arthroscopy with chondroplasty and synovectomy is not supported and the medical necessity is not substantiated.