MAXIMUS Federal Services

Case Number:	CM14-0137146		
Date Assigned:	09/05/2014	Date of Injury:	10/20/2013
Decision Date:	01/23/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 22-year-old male who reported a crush injury on 10/20/2013. He reported lying in a prone position and was run over by the front tire of a truck. On 08/03/2014, his diagnostic impressions were right lower leg crush injury, right thigh hematoma, status hematoma evacuation, right lower leg RSD, improving, right patella chondromalacia with cartilage flap, and right inflamed plica. His complaints included right knee subpatellar pain with prolonged standing, walking, climbing stairs, and doing squats. His medications included ibuprofen and Norco of unspecified dosages. He had bilateral full symmetric hip, knee, and ankle ranges of motion, knees at 0-135, but his right knee demonstrated increased tightness at the last 10 degrees. His knee and ankle jerks were symmetrical. His right knee demonstrated positive flexion pinch and McMurray's test. He had medial joint line tenderness and increased discomfort with patellar compression. His conservative treatment consisted of activity modification, ice application, medication, exercises, and physical therapy. He joined a gym and continued to perform exercises which he learned in physical therapy. Electrodiagnostic testing on 04/25/2014 revealed decreased insertional activity consistent with compartment syndrome in the right vastus medialis. There was also muscle membrane instability in the right vastus medialis and tibialis anterior. Those findings could represent partial evidence for a right L4 radiculopathy; however, the report stated that in light of the nature of his injury, they could also be caused from local injury within the muscles. There was no evidence of focal right fibular neuropathy or large fiber peripheral polyneuropathy. An interpretation of an MRI was included in the submitted documentation, but the original report was not included. A Request for Authorization dated 08/06/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee diagnostic arthroscopy, plica extension, lysis of adhesions: 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 & Leg Chapter, Diagnostic Arthroscopy Section, and the website www.ncbi.nlm.nih.gov/pubmed/19344015

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter 13, Knee & Leg, Diagnostic arthroscopy

Decision rationale: The request for right knee diagnostic arthroscopy, plica extension, lysis of adhesions is not medically necessary. The Official Disability Guidelines recommend diagnostic arthroscopy in case of complications from osteochondral autograft transplant system or anterior cruciate ligament procedures, to assess how the repair is healing. The criteria for a diagnostic arthroscopy include conservative care with medications or physical therapy plus pain and functional limitations continue despite conservative care, plus imaging is inconclusive. It was noted that this injured worker maintained an active lifestyle and enjoyed hunting and backpacking. There was no evidence of gross functional limitations. Additionally, all surgical requests must be supported by an original diagnostic study. The MRI report in this injured worker's file was an interpretation. The original MRI was not included. Therefore, this request for right knee diagnostic arthroscopy, plica extension, lysis of adhesions is not medically necessary.

Possible lateral 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), Knee & Leg Chapter, Indications for Surgery Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter 13, Knee & Leg, Lateral retinacular release

Decision rationale: The request for possible lateral release is not medically necessary. The Official Disability Guidelines note that the criteria for a lateral retinacular release consists of physical therapy or medications, plus knee pain with sitting, or pain with patellar/femoral movement, or recurrent dislocations, plus lateral tracking of the patella, or recurrent effusion, or patellar apprehension or synovitis with or without crepitus, or increased Q angle greater than 15 degrees, plus abnormal patellar tilt on x-ray, computed tomography. The guideline criteria have not been met. Additionally, the request did not specify a body part for the requested service. Therefore, this request for possible lateral release is not medically necessary.