

Case Number:	CM14-0200924		
Date Assigned:	12/11/2014	Date of Injury:	10/09/2012
Decision Date:	02/03/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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 Minnesota. 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 24-year-old female who sustained an injury to the right knee and lumbar spine on October 9, 2012. Documentation indicates that she fell forward landing on her hands and knees on a pallet. Per examination date of 5/22/2014 the symptoms included severe anterior knee pain with squatting, kneeling, and prolonged weight bearing. She had giving way, intermittent locking, and difficulty with climbing. On examination there was patellofemoral compression crepitation. There was lateralization of her patella with positive apprehension on lateral subluxation of her patella. The diagnosis was chondromalacia patella, history of subluxation patella/dislocation. On 10/20/2014 a follow-up consultation indicated pain levels of 9/10. There was tenderness about the right knee with positive patellofemoral compression test. A TENS unit had been efficacious previously at therapy. An MRI scan of the right knee dated August 7, 2014 had revealed subtle chronic appearing subchondral defect at the lateral patella and otherwise normal MRI of the right knee. The clinical diagnosis was right knee lateral patellar subluxation syndrome. A surgical procedure was requested on 10/21/2014 including arthroscopic chondroplasty of the patella and a lateral retinacular release. This was non-certified by utilization review citing guidelines indicating necessity of conservative care prior to any surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic chondroplasty patella: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Lateral retinacular release, patellofemoral pain syndrome.

Decision rationale: California MTUS guidelines indicate that although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been proved and its efficacy is questionable. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella, however, the guidelines recommend surgical considerations if there is failure of conservative treatment to improve range of motion and strength and symptoms. ODG guidelines indicate nonsurgical treatment for patellofemoral pain syndrome with specific exercises aimed at realignment of the patella. A supervised exercise program for patellofemoral pain syndrome more effectively improves pain and function than the usual care emphasizing rest and activity limitations. Chronic patients with patellofemoral pain syndrome treated with knee arthroscopy and home exercise program or home exercise program only show a similar overall improvement. A surgical lateral release is indicated upon failure of conservative care when there is imaging evidence of patellar tilt on x-ray, CT, or MRI. The MRI report indicates a chronic appearing subchondral defect but no tilting of the patella was documented. Based upon guidelines, the request for right knee arthroscopic chondroplasty of the patella is not supported and as such the medical necessity of the procedure is not substantiated.