

Case Number:	CM14-0207277		
Date Assigned:	12/19/2014	Date of Injury:	05/15/2014
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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 California. 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:

According to the records made available for review, this is a 47-year-old male with a 5/15/14 date of injury. At the time (11/6/14) of the request for authorization for consultation with [REDACTED], arthroscopic debridement and chondroplasty in conjunction with an open proximal patellar realignment and repair of the medial patellofemoral ligament, preoperative clearance, and hot and cold unit with compression device x28 days, there is documentation of subjective (persistent moderate right knee pain, when he squats and twists he feels the patella subluxate, he has pain about the medial aspect of the patella) and objective (mild effusion, mild patellofemoral crepitation, tenderness about the medial and lateral patella facet, tenderness along the course of the patellar insertion of the medial retinaculum and the medial patellofemoral ligament, minimal tenderness along the course of the medial collateral ligament, positive patellar apprehension sign) findings, imaging findings (MRI right knee (7/8/14) report revealed high-grade partial tear of the medial collateral ligament origin and fibers of the medial patellofemoral ligament with inflammation and hypertrophy along the epicondyle. Extensor mechanism stress change and old Osgood-Schlatter), current diagnoses (persistent symptomatic chondromalacia of the patellofemoral compartment and intermittent patellar subluxation associated with a tear of the medial patellofemoral ligament), and treatment to date (medication and physical therapy). There is no documentation of imaging findings (chondral defect on MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for consultation with ██████████ is not medically necessary. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Arthroscopic debridement and chondroplasty in conjunction with an open proximal patellar realignment and repair of the medial patellofemoral ligament: 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, Chondroplasty, Patellar tendon repair

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

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee, as criteria necessary to support the medical necessity of surgery. ODG identifies documentation of subjective findings (joint pain and swelling), objective findings (effusion or crepitus), imaging findings (chondral defect on MRI) and conservative treatment (physical therapy or medication), as criteria necessary to support the medical necessity of chondroplasty. Within the medical information available for review, there is documentation of diagnoses of persistent symptomatic chondromalacia of the patellofemoral compartment and intermittent patellar subluxation associated with a tear of the medial patellofemoral ligament. In addition, there is documentation of subjective findings (joint pain and swelling), objective findings (effusion or crepitus), and conservative treatment (physical therapy and medication). However, given the documented imaging findings (imaging findings (MRI right knee (7/8/14) report revealed high-grade partial tear of the medial collateral ligament origin and fibers of the medial patellofemoral ligament with inflammation and hypertrophy along the epicondyle. Extensor mechanism stress change and old Osgood-Schlatter), there is no documentation of imaging findings (chondral defect on MRI). Therefore, based on guidelines and a review of the evidence, the request for arthroscopic debridement and chondroplasty in conjunction with an open proximal patellar realignment and repair of the medial patellofemoral ligament is not medically necessary.

Preoperative clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Hot and cold unit with compression device x28 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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