

Case Number:	CM15-0000795		
Date Assigned:	01/12/2015	Date of Injury:	06/14/2014
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 33 year old male, who sustained an industrial injury on June 14, 2014. He has reported bilateral knee pain, after a twist and fall. The diagnoses have included bilateral chondromalacia patella, right and left patellar subluxation. Treatment to date has included medications, physical therapy, and radiological imaging. An orthopedic progress note of 10/6/14 documented improvement with medication and physical therapy; the injured worker was prescribed nabumetone. Examination of both knees showed flexion of 135 degrees, extension of zero degrees, medial joint line and patellar tenderness, Lachman's test zero, McMurray's test positive medial, and normal strength and muscle tone. Currently, the injured worker complains of increased bilateral knee pain with prolonged activity, and low back pain due to an antalgic gait. A magnetic resonance imaging (MRI) of the right knee on 7/30/14 revealed minimal degenerative change in the medial compartment of the knee, no full-thickness cartilage loss or focal osteochondral defect, menisci, tendons and ligaments are intact, there was no appreciable joint effusion and no evidence for Baker's cyst or loose body; at the patellofemoral joint, there was normal alignment and the patellar and trochlear cartilages were within normal limits. A magnetic resonance imaging of the lumbar spine on October 15, 2014, reveals a disc bulge at the L5-S1 level. Physical findings on December 1, 2014, reveal tenderness in both knees, and a positive patellar grind test. Work status was noted as off work. On December 18, 2014, Utilization Review non-certified the request for one (1) right knee lateral release and arthroscopic chondroplasty, based on ODG guidelines. On December 30, 2014, the injured

worker submitted an application for Independent Medical Review of one (1) right knee lateral release and arthroscopic chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee lateral release and arthroscopic chondroplasty: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): p. 341-343. Decision based on Non-MTUS Citation knee and leg chapter: chondroplasty, lateral retinacular release

Decision rationale: The ACOEM knee chapter recommends referral for surgical consultation may be indicated in those who have activity limitation for more than one month, and failure of exercise programs to increase range of motion and strength of the musculature around the knee. 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. Recurrent subluxation of the patella was not documented in the records submitted. Specific criteria for the requested procedures were not noted in the MTUS/ACOEM. The ODG notes the criteria for chondroplasty require all of the following: conservative care with medication or physical therapy, plus subjective clinical findings of joint pain and swelling, plus objective clinical findings of effusion, crepitus, or limited range of motion, plus finding of chondral defect on MRI. The injured worker had a diagnosis of chondromalacia patella, with evidence of conservative care with medication and physical therapy, however there was no documentation of joint swelling, effusion, crepitus, or chondral defect on MRI. The ODG criteria for lateral retinacular release are conservative care with physical therapy or medications, subjective findings of knee pain with sitting, pain with patellar/femoral movement, or recurrent dislocations, plus objective findings of lateral tracking of the patella, recurrent effusion, patellar apprehension, synovitis with or without crepitus, or increased Q angle > 15 degrees, plus abnormal patellar tilt on x-ray, computed tomography, or MRI. Although the injured worker had undergone conservative care with physical therapy and medications, none of the other criteria noted for lateral release were documented in the records provided. The request for right knee lateral release and arthroscopic chondroplasty is not medically necessary.