

<b>Case Number:</b>	CM15-0002453		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: New York, New Hampshire, Washington  
 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 41 year old male with an industrial injury dated 07/16/2013. He states the injury is the result of activities at work, including frequent climbing up and down the steps in the bus, assisting wheelchair patients, prolonged sitting and frequent banging of his right knee against the bus "fare box". Prior treatment includes NSAID's, physical therapy and intra-articular injection with corticosteroid. MRI study dated 09/03/2013 showed increased horizontal signal in the posterior horn/body of the lateral meniscus approaching the superior articular surface suggesting a possible horizontal cleavage tear and/or intra-meniscal degeneration. Fluid and edema between the lateral femoral condyle and involving the superolateral portion of Hoffa's fat pad between the lateral femoral condyle and patellar tendon consistent with possible iliotibial band friction syndrome and a high and lateral riding patella. On 01/23/2014 the injured worker had arthroscopic right knee surgery. Post operatively the injured worker attended 12 sessions of physical therapy. He has returned to work and continued on modified light duty work. Currently the injured worker is complaining of chronic and recurrent anterolateral parapatellar right knee pain. Current medication is Ibuprofen. Physical exam noted the knee is sore and slightly tender over the lateral patella-femoral joint and infrapatellar ligament. Apley test is negative. Range of motion is full with flexion and equal bilaterally. The left knee is slightly sore with compression over the lateral patella-femoral joint. Three view X-rays of the right knee done on 11/20/2014 demonstrate very slight patella alta and very slight lateral patella-femoral subluxation with other wise well preserved patella-femoral and femoral/tibia joint spaces. Progress note on 12/02/2014 states the injured worker would like to avoid surgery if he could. A request for right knee

arthroscopic lateral retinacular release was submitted. On 12/16/2014 Utilization Review non certified the request for right knee arthroscopic lateral retinacular release noting the medical records do not establish pathology present on recent imaging to indicate the need for the requested surgical intervention. Official Disability Guidelines were cited. On 01/16/2015 the injured worker submitted an application for IMR review of the requested right knee arthroscopic lateral retinacular release.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right knee arthroscopic lateral retinacular release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-352.

**Decision rationale:** The patient has chronic knee pain. The medical records do not show correlation between physical exam and imaging studies. The diagnosis is not clearly established. The need for lateral surgical release has not been established in the medical record. Patella instability is not documented. Medical need for lateral release surgery not established. MTUS criteria for knee surgery not met.