

<b>Case Number:</b>	CM15-0009429		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California  
 Certification(s)/Specialty: Orthopedic Surgery, Sports 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 32-year-old male who reported an injury on 10/29/2013. The injured worker was noted to have prior therapy, steroid injections, medication, and activity modification. The documentation indicated the injured worker underwent an MRI on 12/04/2013, which revealed nonspecific focal bone marrow edema with a medial femoral condyle possibly related to resolving trabecular bone injury and full thickness irregularity on the inferior aspect of the patella apex and medial facet of the patella. The mechanism of injury was a piece of wood hit the injured worker's left knee. The documentation supplied for review was dated 05/09/2014. The documentation indicated the injured worker had a complaint of throbbing sharp pain that was in the knee and rated 6/10. The injured worker was noted to be utilizing Norco as needed and Motrin 3 times a day for pain control. The physical examination of the left knee revealed no effusion and patellar tracking appeared normal. The Q angle was normal. The physician documentation stated "there was popping, crepitus, or locking" during range of motion and the injured worker had pain with range of motion testing. There was no tenderness to palpation over the medial joint, lateral joint line, nonweight bearing portion of the medial femoral condyle, lateral femoral condyle, and iliotibial band. The injured worker had a positive lateral patellar apprehension test and patellar compression test. The McMurray's test caused pain and discomfort; however, did not localize symptoms. The distal sensation was intact. The diagnoses included chondromalacia patellofemoral joint left knee. The treatment plan included an arthroscopy. The injured worker was noted to not be requesting additional treatment and wanted

permanent work restrictions. The documentation indicated the injured worker had reached maximum medical improvement.

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

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

#### **Left knee arthroscopy with patella femoral joint debridement: Upheld**

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

**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 Chapter, Lateral retinacular release.

**Decision rationale:** The Official Disability Guidelines indicate that a lateral retinacular release or patellar tendon realignment or Maquet procedure is recommended for injured workers who fail conservative care including physical therapy or medications, plus injured workers who have knee pain with sitting or pain with patellar/femoral movement or recurrent dislocations, plus lateral tracking of the patellar or recurrent effusion or patellar apprehension or synovitis with or without crepitus or an increased Q angle greater than 15 degrees, plus abnormal patellar tilt on x-ray or CT or MRI. The clinical documentation submitted for review failed to provide MRI findings. The injured worker was not noted to have an increased Q angle. There is a lack of documentation indicating the injured worker was noted to have popping and crepitus. There was a lack of documentation of a failure of physical therapy or medications. There was a lack of documentation of pain with sitting. There was a lack of documented rationale for the debridement. Given the above, the request for left knee arthroscopy with patella femoral joint debridement 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.

**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 Chapter, Lateral retinacular release.

**Decision rationale:** The Official Disability Guidelines indicate that a lateral retinacular release or patellar tendon realignment or Maquet procedure is recommended for injured workers who fail conservative care including physical therapy or medications, plus injured workers who have knee pain with sitting or pain with patellar/femoral movement or recurrent dislocations, plus lateral tracking of the patellar or recurrent effusion or patellar apprehension or synovitis with or without crepitus or an increased Q angle greater than 15 degrees, plus abnormal patellar tilt on x-ray or CT or MRI. The clinical documentation submitted for review failed to provide MRI findings. The injured worker was not noted to have an increased Q angle. There is a lack of

documentation indicating the injured worker was noted to have popping and crepitus. There was a lack of documentation of a failure of physical therapy or medications. There was a lack of documentation of pain with sitting. There was a lack of documented rationale for the debridement. The request as submitted failed to include the laterality and body part. Given the above, the request for possible lateral release is not medically necessary.

**Associated Surgical Services: DME: Crutches:** 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.

**Associated Surgical Services: DME: Cold therapy unit:** 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.

**Associated Surgical Services: Physical Therapy 3x4 for the left knee:** 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.