

<b>Case Number:</b>	CM15-0101012		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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, Indiana, Oregon  
 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 (IW) is a 57-year-old female who sustained an industrial injury on 04/14/2011. She reported left knee pain, low back pain, and ankle sprain. The injured worker was diagnosed as having patellar malalignment/chondromalacia knee, and chondral defect medial condyle right; right knee degenerative joint disease; left ankle sprain, resolved; L4-5 facet arthropathy; and L5-S1 annular tear. Treatment to date has included arthroscopic chondroplasty to the right knee 11/23/2014 followed by physical therapy. Currently, the injured worker complains of pain in both the right and left knees. She complains of pain with activities such as climbing stairs and standing from a sitting position. She has one reported episode of the knee locking. Her prior history includes a left knee injury in 2009 where she was treated with cortisone injections, physical therapy and acupuncture, but has remained relatively stable until her report on the visit of 04/16/2015. There is report of a MRI following the 2009 injury to the left knee that showed a large synovial plica but no evidence of meniscal tear. No other reports are listed and that report is not in the records submitted. On examination, there is a mild effusion, left knee, with tenderness to palpation over the medial femoral condyle and medial plica on the left. There is crepitation of the left patella. Mc Murray's test is negative. There is non-specific pain upon meniscal testing, and the left knee is stable to Varus and Valgus stress. A MRI of the left knee and a left knee arthroscopy has been recommended. Motrin is given for pain. A request for authorization is made for: Left knee chondroplasty, lateral release and meniscus repair, Post-op physical therapy for the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Knee Chondroplasty, Lateral Release and Meniscus Repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of lateral release. According to the Official Disability Guidelines, criteria for lateral retinacular release or patella tendon realignment or maquet procedure: 1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture), or Medications, plus; 2. Subjective Clinical Findings: Knee pain with sitting, or Pain with patellar/femoral movement, or Recurrent dislocations, plus; 3. Objective Clinical Findings: Lateral tracking of the patella, or Recurrent effusion, or Patellar apprehension, or Synovitis with or without crepitus, or Increased Q angle >15 degrees, plus; 4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. In this case, there is no imaging evidence of patellar subluxation. Therefore, the request is not medically necessary.

### **Post-Operative Physical Therapy for the Left Knee (12-sessions, 2 times a week for 6-weeks):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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