

Case Number:	CM15-0133060		
Date Assigned:	07/21/2015	Date of Injury:	07/02/2014
Decision Date:	08/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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 is a 38-year-old male, who sustained an industrial injury on 7/2/2014. The mechanism of injury is unclear. The injured worker was diagnosed as having left knee sprain, lateral patellar compression syndrome, neck sprain, and lumbar sprain. Treatment to date has included magnetic resonance imaging of the cervical spine, and lumbar spine (10/17/2014), physical therapy, bracing, oral anti-inflammatories, home exercise program. The request is for left knee with subcutaneous lateral release, debridement; medical clearance with Internal Medicine specialist; Keflex; Norco; and post-operative physical therapy sessions. Several pages of the medical records have handwritten information which is difficult to decipher. A magnetic resonance imaging of the left knee on 8/24/2014, revealed no fracture or bone contusion, small effusion present, anterior and posterior cruciate ligaments are intact, medial collateral ligament unremarkable, lateral supporting structures including the fibular collateral ligament are intact, quadriceps and patellar tendons are within normal limits, and unremarkable appearance to the anterior and posterior horns of the lateral meniscus. On 10/27/2014, he complained of left knee feeling horrible and a popping sensation. Examination revealed a decreased range of motion to the left knee. The treatment plan included: continuation of physical therapy, and a modified work status. On 12/8/2014, his left knee pain is noted to have improved, however he continued to report episodes of it giving way. On 1/19/2015, he reported a slight discomfort to the left knee which increased with jogging. The left knee is noted to be tender at the medial joint line and patella-femoral joint. The treatment plan included: home exercises, and modified work. On 3/2/2015, he indicated his left knee pain was improving. He continued to work full time with restrictions. Tenderness is noted at the medial joint line of the knee. The treatment plan included: continuing to await pain management, and physical therapy. On 4/14/2015, he complained of still having left knee pain. The objective findings noted the pain was increased, and there was swelling noted, testing revealed a negative McMurray. The treatment plan included: offering an

injection to the left knee which the injured worker refused; acupuncture and pain management, and a modified work status. On 5/26/2015, he reported his left knee to be worsened with severe pain and inability to sit for long or descend stairs. He is noted to have swelling and tenderness to the knee. The report indicated that x-rays of the left knee on 8/12/2014 revealed no fracture or dislocation, and a magnetic resonance imaging of the left knee done on 8/24/2014 revealed no evidence of meniscal or ligamentous injury. The treatment plan included: arthroscopic evaluation and possible subcutaneous lateral release of the left knee. He remains on restricted modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee with subcutaneous lateral release, debridement, Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Lateral retinacular release.

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: CA MTUS/ACOEM is silent on the issue of lateral release. ODG, Knee and Leg, Lateral retinacular release states criteria includes, 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) medications. 2. Subjective Clinical Findings: Knee pain with sitting or pain with patellar/femoral movement. Recurrent dislocations. 3. Objective Clinical Findings: Lateral tracking of the patella. Recurrent effusion or patellar apprehension or synovitis with or without crepitus. Increased Q angle >15 degrees. 4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. In this case, the exam note from 5/26/15 does not demonstrate adequate course of conservative care to warrant surgical intervention. There is no evidence of maltracking. The request is not medically necessary.

Associated surgical service: Medical clearance with internal medicine specialist, Qty: 1: 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.

Keflex 500mg #30: 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 Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1; 66 (1):119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections," Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 5/26/15. Therefore, the request is not medically necessary.

Post-op physical therapy sessions #18: 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.