

Case Number:	CM15-0139253		
Date Assigned:	07/29/2015	Date of Injury:	09/16/2014
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 47 years old male, who sustained an industrial injury on 9/16/2014. Diagnoses include sprain/strain of knee and leg NEC and lateral meniscus tear. Treatment to date has included diagnostics, work modifications and home exercise. Per the Primary Treating Physician's Progress Report dated 5/13/2015, the injured worker reported a feeling of catching within the knee joint with pain and discomfort. Physical examination of the knee revealed no swelling and good range of motion on 1/7/15. The plan of care included surgical intervention and authorization was requested for right knee diagnostic arthroscopy, chondroplasty and probable lateral retinacular release. The patient has had MRI of the right knee on 11/16/14 that revealed sprain of ligament, no ligament tear, and mild effusion. The medication list includes Orphenadrine and Meloxicam. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee diagnostic arthroscopy, chondroplasty and probably 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): Knee Complaints page 343 Surgical Consideration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 07/10/15). Diagnostic arthroscopy Lateral retinacular release.

Decision rationale: Right knee diagnostic arthroscopy, chondroplasty and probably lateral retinacular release. Per the ACOEM guideline "Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month. Failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk." As per the cited guideline "Diagnostic arthroscopy: Recommended as indicated below. Second look arthroscopy is only recommended in case of complications from OATS or ACI procedures, to assess how the repair is healing, or in individual cases that are ethically defensible for scientific reasons, only after a thorough and full informed consent procedure. (Vanlauwe, 2007) In patients with osteoarthritis, the value of MRI for a precise grading of the cartilage is limited, compared to diagnostic arthroplasty. When the assessment of the cartilage is crucial for a definitive decision regarding therapeutic options in patients with osteoarthritis, MRI should not generally replace arthroscopy. The diagnostic values of MRI grading, using arthroscopy as reference standard, were calculated for each grade of cartilage damage. For grade 1, 2 and 3 lesions, sensitivities were relatively poor, whereas relatively better values were noted for grade 4 disorders. (Von Engelhardt, 2010) ODG Indications for Surgery: Diagnostic arthroscopy: Criteria for diagnostic arthroscopy: 1. Conservative Care: Medications. Physical therapy. 2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. 3. Imaging Clinical Findings: Imaging is inconclusive. (Washington, 2003) (Lee, 2004)." "Lateral retinacular release: Recommended as indicated below. ODG Indications for Surgery: Lateral retinacular release: 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. Pain with patellar/femoral movement. Recurrent dislocations. 3. Objective Clinical Findings: Lateral tracking of the patella. Recurrent effusion. Patellar apprehension. 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." As per the records, provided physical examination of the knee revealed no swelling and had good range of motion. Any significant functional deficits on physical examination that would require Right knee diagnostic arthroscopy, chondroplasty and probably lateral retinacular release was not specified in the records provided. The patient had received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for Right knee diagnostic arthroscopy, chondroplasty and probably lateral retinacula release is not medically necessary for this patient.