Case Number:	CM15-0143349		
Date Assigned:	08/04/2015	Date of Injury:	06/07/2015
Decision Date:	09/09/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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: Minnesota, Florida
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 19 year old female, who sustained an industrial injury on 6-7-2015. She reported that her right knee popped and dislocated while pushing grocery carts. Past medical history was significant for recurrent patellar dislocation. Diagnoses have included right knee sprain and right knee dislocation. Treatment to date has included ice and medication. According to the progress report dated 6-10-2015, the injured worker complained of right knee pain. She was using crutches. Exam of the right knee revealed tenderness and swelling. There was pain with Varus stress. The treatment plan was for rest, ice, compression and elevation. Authorization was requested for right patella realignment and medial patella retinacular reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right patella realignment and medial patella retinacular reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (updated 5/5/15) online version, Patellar tendon repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Lateral retinacular release.

Decision rationale: The California MTUS guidelines indicate surgical considerations for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. For patellofemoral syndrome lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella but surgical realignment of the extensor mechanism may be indicated in some patients. The documentation submitted does not indicate imaging evidence of patellofemoral malalignment. X-rays of the knee were reported to be normal. However, a Merchants view is not documented. Objective clinical findings of lateral tracking of the patella or increased Q angle greater than 15 & #130; are not documented. Abnormal patellar tilt on x-ray, CT or MRI is also not documented. The diagnosis includes a history of recurrent dislocation of the patella and osteochondritis dissecans status post bone graft although x-rays do not document the defect. In the absence of imaging evidence of a lesion that is known to benefit from surgical intervention and in the absence of documentation indicating exhaustion of non-operative treatment the request for right patellar realignment and medial retinacular reconstruction is not supported and the medical necessity of the request has not been substantiated.