

Case Number:	CM15-0144800		
Date Assigned:	08/05/2015	Date of Injury:	06/12/2013
Decision Date:	09/14/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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 50 year old female, who sustained an industrial injury on June 12, 2013. The injured worker reported slipping and falling backwards while walking upstairs causing injuries to the bilateral knees, right wrist, and the right ankle. The injured worker was diagnosed as having status post left knee patellofemoral replacement and right knee patellofemoral degenerative joint disease. Treatment and diagnostic studies to date has included Hyaluronate injections, medication regimen, x-rays, use of a wrist brace, and magnetic resonance imaging of the left knee. In a progress note dated January 26, 2015 the treating physician reports complaints of pain to the right knee. Examination revealed decreased range of motion to the left knee and right knee crepitus and pain. The treating physician requested right knee arthroscopy debridement of patellofemoral joint with twelve sessions of post-operative physical therapy of the right knee and a purchase of crutches. MRI of the right knee has not been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee arthroscopy debridement of patellofemoral joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 345.

Decision rationale: The injured worker is a 49-year-old female with a date of injury of 6/12/2013. She underwent a left patellofemoral joint replacement on 11/4/2014 for degenerative arthritis of the patellofemoral joint. The current request pertains to arthroscopy of the right knee with debridement for management of patellofemoral syndrome. On June 15, 2015 the progress notes indicate right knee pain with intermittent swelling, grinding and problems negotiating stairs and doing deep knee bends. Examination of the right knee revealed swelling and effusion. Patellofemoral crepitation and grinding was noted. Range of motion was 5-120. The knee was stable. There was no tenderness along the joint line. The diagnosis was patellofemoral chondromalacia, right knee. The provider discussed arthroscopic surgery for the right knee, injection of hyaluronic acid and patellofemoral replacement. The injured worker requested arthroscopic surgery. California MTUS guidelines indicate although patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been proved and its efficacy is questionable. Severe patellar degeneration presents a problem is not easily treated by surgery. Patellectomy and patellar replacements in reasonably active patients yield inconsistent results and the procedures have a reasonable place only in treating patients with severe rheumatoid arthritis or other rheumatoid condition. In this case, the patient has severe patellofemoral chondromalacia and the provider has requested arthroscopy for patellar debridement. Evidence-based guidelines do not support this procedure for management of severe patellofemoral chondromalacia. As such, the request for arthroscopy of the right knee with debridement is not supported and the medical necessity of the request has not been substantiated.

Post-op Physical Therapy for the Right Knee, 12 sessions: 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 service: Crutches for Purchase: 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.