

Case Number:	CM15-0162276		
Date Assigned:	08/28/2015	Date of Injury:	03/28/2003
Decision Date:	09/30/2015	UR Denial Date:	07/19/2015
Priority:	Standard	Application Received:	08/18/2015

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: Illinois, California, Texas
 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:

This injured worker is a 43-year-old male who sustained an industrial injury on 3/28/03. Injury occurred during a police training exercise. He underwent multiple left knee surgeries with subsequent paralysis of his quadriceps and development of left lower extremity reflex sympathetic dystrophy. The 7/13/15 treating physician report cited grade 9/10 left knee pain associated with instability, limited motion, and numbness, popping/snapping/clicking; sleep disturbance, swelling, tingling, and weakness. Pain was worse with activity, climbing stairs, and ice/cold. Symptoms were improved with nothing. Activities of daily living were reported as more difficult. Conservative treatment had included anti-inflammatory medications, physical therapy, cane, and wheelchair use. The injured worker was starting to use additional narcotics for pain relief. Left knee exam documented a prominence on the left medial patella. He had quadriceps atrophy and walked with a limp. Knee x-rays showed post-operative changes consistent with previous anterior cruciate ligament surgery. Tunnels seemed to be appropriately placed and screws appeared in proper position. He had a lateral closing wedge osteotomy with staples in place and an anchor on the lateral femur. The diagnosis was left knee pain. The treatment plan indicated that the injured worker had a prominent osteophyte on the medial patella that was painful when bumped or when he kneeled on it. Referral for consultation regarding nerve reconstruction was recommended. Authorization was requested for left patella osteophyte removal with local anesthesia. The 7/19/15 utilization review non-certified the request for left patella osteophyte removal as there was no documentation of the location of the

osteophyte, description of how it was contributing to knee symptoms, or radiographic evidence of the osteophyte.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Patella Osteophyte removal with local anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Arthroscopic surgery for osteoarthritis.

Decision rationale: The California MTUS state that surgical consideration may be indicated 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. The Official Disability Guidelines do not recommend arthroscopic surgery for osteoarthritis over medications and physical therapy. Guideline criteria have not been met. This injured worker presents with a prominence of the right knee that was painful when he kneeled or it was bumped. There was no radiographic documentation of this lesion noted in the submitted records or by the treating physician. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.