

Case Number:	CM15-0196480		
Date Assigned:	10/12/2015	Date of Injury:	01/24/2000
Decision Date:	12/22/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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 52 year old male, who sustained an industrial injury on 1-24-00. The injured worker is being treated for lumbar radiculopathy, headaches, chronic pain and status post knee surgery. (EMG) Electromyogram of lower extremities performed on 4-27-15 revealed evidence of chronic left L5 and bilateral S1 radiculopathies and possible left peroneal neuropathy. Treatment to date has included oral medications including NSAIDs (non-steroidal anti-inflammatory drugs), Hydrocodone, Hydromorphone, and Acetaminophen, physical therapy (noted decreased pain, increased level of function and improved quality of life), activity modifications, right knee surgery and topical medications. On 7-1-15, the injured worker complains of neck pain radiating down bilateral upper extremities, low back pain with radiation down bilateral lower extremities accompanied by numbness in bilateral lower extremities to feet and muscle weakness in bilateral lower extremities along with frequent muscle spasms in low back and lower extremity pain in bilateral knees described as aching; he also complains of increase in right knee pain. Right knee pain is rated 4-5 out of 10 with medications and 9 out of 10 without medications and is worse since last visit. He notes limitations in activity, ambulation, sleep, sex, and interference with activities of daily living due to pain. On 8-20-15 he complained of marked instability of right knee. Work status is noted to be modified duties. Physical exam performed on 7-1-15 revealed spasm bilaterally in paraspinous muscle of cervical spina, vertebral tenderness in C5-7, tenderness upon palpation at bilateral paravertebral C5-7 and limited range of motion, spasm is noted in bilateral lumbar paraspinous musculature, tenderness upon palpation in bilateral paravertebral L4-S1 with painful range of motion and decreased

strength of extensor muscles along L4-S1 dermatome in bilateral lower extremities and tenderness to palpation of left knee with limited range of motion due to pain. Physical exam performed on 8-20-15 revealed patellar apprehension of right knee with lateral tracking of patella. The treatment plan on 8-20-15 included right knee arthroscopy with patella stabilization with associated surgical services. On 9-8-15 request for right knee arthroscopy with patella stabilization with associated surgical services was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One arthroscopy of the right knee with subcutaneous lateral release and medial capsular repair: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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) or medications plus, 2. Subjective Clinical Findings: Knee pain with sitting or pain with patellar/femoral movement, or recurrent dislocations plus, 3. Objective Clinical Findings: Lateral tracking of the patella or recurrent effusion, or patellar apprehension, or synovitis with or without crepitus, or increased Q angle greater than 15 degrees plus, 4. Imaging Clinical Findings: Abnormal patellar tilt on: X-ray, computed tomography (CT), or MRI. In this case the imaging do not demonstrate patellar maltracking to warrant lateral release. Therefore the request is not medically necessary.

One assistant PA: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

12 Post op physical therapy 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Consultation for medical clearance CBC: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: One consultation for medical clearance BMP: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: One consultation for medical clearance PT/PTT: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: One consultation for medical clearance UA: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: One consultation for medical clearance EKG: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: One consultation for medical clearance chest X-ray: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

One cold therapy unit: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

One mobile crutches: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.