

<b>Case Number:</b>	CM15-0025847		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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:

The injured worker is a 29-year-old male, who sustained an industrial injury on 6/01/12. Injury occurred due to cumulative trauma, while working as a janitor. The chiropractic records indicated that a 5/13/14 left knee MRI showed quadriceps tendinosis with no other significant findings, and that the patient had been treated with non-steroidal anti-inflammatory medications. The 11/12/14 treating chiropractor report documented that 8 visits of physical therapy were of significant benefit, and medications were not required to manage his current symptoms. Additional physical therapy was requested. The 1/21/15 treating chiropractor report noted recent orthopedic evaluation, with a request for arthroscopic left knee surgery. The injured worker complained of constant left and intermittent right knee pain, with stiffness, and numbness that was exacerbated by walking, bending and squatting. Rest, medication, and heat provided temporary relief. Functional difficulty was noted in activities of daily living. He ambulated with a slow gait and limp, favoring the left lower extremity. He was able to toe/heel walk, and perform a full squat with significant crepitation and pain in both knees. Bilateral knee range of motion was within normal limits but painful. Bilateral knee exam documented tenderness and crepitation of the patellofemoral joints, and medial and lateral joint line tenderness. Bilateral knee strength was normal. Clarke's sign was positive bilaterally. The diagnoses included bilateral knee patellofemoral syndrome. The patient was not able to return to full duty work. The treatment plan recommended arthroscopic surgery per the surgeon. On 2/10/2015, utilization review non-certified a request for an arthroscopic debridement of the left knee based on a lack of

documented failed recent conservative treatment and no intra-articular pathology on the MR arthrogram, citing ACOEM Guidelines Knee Complaints.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Arthroscopic debridement of the left knee, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Knee and Leg: Patellofemoral pain syndrome (PFPS)

**Decision rationale:** The California MTUS guidelines 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 surgery for patellofemoral syndrome. Guideline criteria have not been met. This patient presents with bilateral knee pain with patellofemoral joint crepitation and painful full range of motion. The diagnosis is left knee patellofemoral syndrome. Imaging reportedly showed quadriceps tendinosis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. This request was submitted by the treating chiropractor with no documentation of the recent orthopedic report available in the records. Therefore, this request is not medically necessary.