

Case Number:	CM15-0027863		
Date Assigned:	02/20/2015	Date of Injury:	10/09/2012
Decision Date:	05/05/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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 25-year-old female who sustained an industrial injury on 10/9/12. Injury occurred when she was moving boxes to a pallet, and fell on her hands and knees onto the pallet. Conservative treatment included physical therapy, activity modification, home exercise, TENS unit, heat/cold, and medications without sustained improvement. Medications were reported as maintaining functional ability. The 8/7/14 right knee MRI impression documented subtle chronic appearing subchondral defect at the lateral patella. There was no marrow pathology, fracture or significant atrophy. There was no underlying chondromalacia patella. The cartilage overlying the aforementioned subchondral defect was intact. This was reported as an otherwise normal study. The 9/23/14 treating physician report cited persistent right knee pain with a sense of patellar subluxation and giving way. She also reported intermittent locking. MRI showed a subchondral defect on the lateral patellar facet, but was otherwise normal. Physical exam documented 1+ effusion, patellofemoral compression pain, and positive apprehension on lateral subluxation. The diagnosis was right knee lateral patellar subluxation syndrome. The treatment plan recommended right knee arthroscopic chondroplasty patella and lateral retinacular release and tramadol was dispensed. The 12/15/14 treating physician report cited grade 9/10 right knee pain with instability, near falls, and three recent actual falls. She also reported compensatory low back and left knee pain. Medications included tramadol ER, naproxen, pantoprazole, and cyclobenzaprine. Physical exam documented right knee tenderness and positive patellofemoral compression test. She favored the left lower extremity in ambulation. The diagnosis was right knee lateral patellar subluxation syndrome. The right knee condition remained refractory to extensive conservative

treatment. The knee was giving out and there was a significant decline in activities of daily living. The treatment plan requested reconsideration of the request for right knee arthroscopic chondroplasty patella and lateral retinacular release, authorization for lumbosacral orthotic, and recommended continued TENS unit and medications. Work restrictions were noted. Authorization was requested for right knee arthroscopic chondroplasty patella and lateral retinacular release, and associated surgical services including anesthesia, history and physical, and post-op physical therapy 3 times a week for 4 weeks for the right knee. The 1/13/15 utilization review non-certified the request for right knee arthroscopic chondroplasty patella and lateral retinacular release and associated surgical items as there were no documented episodes of patellar dislocation or imaging/clinical evidence of patellar pathology, and no significant chondral findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic chondroplasty patella and lateral retinacular release: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg - Lateral retinacular release.

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: Chondroplasty; Lateral retinacular release.

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 MTUS guidelines do not provide specific indications for the requested procedures. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Patella stabilization, in the form of lateral retinacular release, is recommended when criteria are met. Indications include physical therapy or medications, and pain with sitting or patellar/femoral movement or recurrent dislocations. Clinical exam findings should include lateral tracking of the patella, recurrent effusion, patellar apprehension, synovitis with or without crepitus, and Q angle greater than 15 degrees. Imaging findings of abnormal patellar tilt are required. Guideline criteria have been met. This patient presents with persistent knee pain and reported instability/giving way causing falls. There is intermittent clinical exam evidence of patellar apprehension and effusion. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, with physical therapy/exercise and medication, and failure has been submitted. There are imaging findings of a subtle subchondral defect over the lateral patella. Therefore, this request is medically necessary at this time.

Associated Surgical Services: Anesthesia-Intepid anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg - Lateral retinacular release.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Silber JH, Kennedy SK, Even-Shoshan O, Chen W, Koziol LF, Showan AM, Longnecker DE. Anesthesiologist direction and patient outcomes. *Anesthesiology*. 2000 Jul;93(1):152-63.

Decision rationale: Standard medical practices support the use of anesthesia for this surgical procedure. Therefore, this request is medically necessary.

Associated Surgical Services: History and Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg - Lateral retinacular release.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

Decision rationale: The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate certification for the history and physical which is part of the pre-operative process. Therefore, this request is not medically necessary.

Associated Surgical Services: Post-op Physical Therapy 3x4 for the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg - Lateral retinacular release; Conservative Care; Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Post-Surgical Treatment Guidelines for chondroplasty and patella dislocation suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial

care, is within the recommended general course. Therefore, this request for 12 post-op physical therapy sessions is medically necessary.