

Case Number:	CM15-0029125		
Date Assigned:	02/23/2015	Date of Injury:	09/25/2014
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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 25-year-old female with a date of injury of September 25, 2014. The mechanism of injury reported was from lifting a box and twisting at the same time. She felt a pop in her left knee and experienced significant pain. She was treated conservatively with non-steroidal anti-inflammatory drugs and a short course of physical therapy. There was an orthopedic consultation on November 7, 2014. Examination of the left knee revealed a moderate effusion, no instability, a positive McMurray and point tenderness at the medial joint line. X-rays of the left knee were unremarkable. The diagnosis at that time was a torn medial meniscus. An MRI scan of the left knee was scheduled. The MRI scan of December 29, 2014 was reported to be unremarkable. The radiologist did not find any knee effusion, evidence of chondromalacia, or a torn meniscus. He also did not find any patellofemoral malalignment. On a subsequent visit the clinical impression was patellofemoral instability with lateral tilt and chondromalacia. A request for arthroscopy of the left knee with a lateral retinacular release was non-certified by utilization review as there was no patellofemoral malalignment on the MRI scan and there was no evidence of internal derangement. This was appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with lateral release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 345. Decision based on Non-MTUS Citation Official disability Guidelines, Section: Knee, Topic: Patellofemoral pain syndrome.

Decision rationale: A review of the medical records indicates inconsistencies with regard to interpretation of the knee films. On November 7, 2014 the request for authorization for MRI scan of the left knee includes an interpretation of diagnostic studies. The report states "Plain film radiographs of the left knee are unremarkable." Examination of the left knee revealed a moderate effusion. There was no gross deformity noted. There was point tenderness upon palpation of the medial joint line. There was no documentation of patellar pain or tenderness. McMurray's test elicited pain in the medial compartment. The diagnosis at that time was "Left knee, medial meniscus tear." A cane was requested at that time. A brace was also requested. A subsequent examination of December 5, 2014 again revealed a moderate effusion. McMurray test elicited pain in the medial compartment. The diagnosis was internal derangement, left knee, with locked knee, patient has inability to fully extend the knee. The MRI scan of December 29, 2014 did not show any knee effusion. There was no lateral tilting of the patella documented. In fact, the MRI scan was reported to be unremarkable. The articular cartilage was unremarkable in all 3 compartments of the knee and there was no evidence of chondromalacia noted. The MRI report states "osseous structures reveal anatomic alignment." There was no joint effusion noted on the MRI scan. The subsequent examination of January 14, 2015 after the MRI scan was reported to show no gross deformity of the knee but there was a moderate effusion again present. There was lateral patellar tilt noted. There was crepitus and pain about the patellofemoral joint. Point tenderness was noted at the medial joint line. The report now states "Plain film radiographs of the left knee demonstrated a lateral patellar tilt." It is not certain if the provider is referring to the x-rays of November 7, 2014 or a new set of films were obtained on January 14, 2015. The diagnosis now was patellofemoral instability. However, the documentation does not indicate if the patella dislocated in the past and the number of dislocations. The Q-angle was not reported. A request for surgery and multiple other requests including a request for crutches was made on this day. A review of the administrative notes indicates that a cane was authorized on 12/2/2014. The notes from 10/5/2014 indicate that crutches were dispensed and gait training was given. ODG recommendations for patellofemoral pain syndrome treatment include physical therapy, 9 visits over 8 weeks with a recommendation for specific exercises aimed at realignment of the patella rather than interventions just addressing short-term relief of symptoms. This should include strength training of the vastus medialis obliquus muscle and this should be associated with a self-directed home exercise program including exercises for quadriceps strengthening, flexibility, balance, and coordination, progressing in complexity over time. Hip muscle retraining and movement retraining is recommended. Patellar taping is an option. Knee braces are not recommended. Foot orthoses are not recommended. Surgery is not recommended. A study confirmed that arthroscopy does not provide any additional advantage in the long term for chronic patellofemoral pain syndrome patients when carried out in addition to exercise. Chronic patients with patellofemoral pain syndrome treated with a knee arthroscopy and home exercise program or home exercise program only show a similar overall improvement.

Furthermore, there is no objective imaging study documenting patellofemoral malalignment. The MRI scan did not show any evidence of malalignment. The x-rays have been interpreted differently on 2 occasions and no CT has been done. The Q-angle measurement is not available. As such, the request for arthroscopy of the left knee and a lateral release is not supported and the medical necessity has not been substantiated.

Cold therapy unit for left knee (1 month rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Continuous Flow Cryotherapy.

Decision rationale: ODG guidelines recommend continuous flow cryotherapy postoperatively after arthroscopy of the knee as an option. The general use is for 7 days after surgery. Use beyond 7 days is not recommended. It reduces pain, swelling, inflammation, and reduces the need for narcotics after surgery. The requested surgical procedure is not medically necessary at this time. Therefore the request for continuous flow cryotherapy is also not medically necessary. Furthermore, the request for 30 days rental is not supported by guidelines and as such, the medical necessity has not been substantiated.

Cane (purchase) for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: DME Walking aids.

Decision rationale: Official Disability Guidelines recommend walking aids such as a cane. Documentation indicates that a cane was approved on 12/02/2014. The documentation does not indicate the need for a second cane, particularly when crutches were also provided on 10/5/2014. In light of the above, the request for a second cane is not appropriate and the medical necessity is not established.