

Case Number:	CM15-0217194		
Date Assigned:	11/09/2015	Date of Injury:	12/10/2013
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/04/2015

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: Montana, Oregon, Idaho
 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 61 year old female, who sustained an industrial-work injury on 12-10-13. She reported initial complaints of left knee pain. The injured worker was diagnosed as having medial meniscus intersubstance degeneration, grade III chondromalacia condyle, and patellar subluxation, and chondral defect. Treatment to date has included medication. Currently, the injured worker complains of left knee giving way, numbness, pain, tingling, and weakness. Per the primary physician's progress report (PR-2) on 10-5-15, exam noted effusion, loss of strength, use of a cane, positive Apley's, patellar tilt, compression-grating, loss of range of motion, and flexion deficit. Current plan of care includes surgery, medications, and physical therapy. The Request for Authorization requested service to include Arthroscopic Surgery, Chondroplasty, Lateral Release Left Knee, Chondroplasty with Drilling, and Associated Surgical Service: Physical Therapy 2 x week x 6 weeks Left Knee. The Utilization Review on 10-27-15 denied the request for Arthroscopic Surgery, Chondroplasty, Lateral Release Left Knee, Chondroplasty with Drilling, and Associated Surgical Service: Physical Therapy 2x week x 6 weeks Left Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Surgery, Chondroplasty, Lateral Release Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. 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 and leg.

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. 2. Subjective Clinical Findings: Knee pain with sitting or pain with patellar/femoral movement, or recurrent dislocations. 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. 4. Imaging Clinical Findings: Abnormal patellar tilt on: X-ray, computed tomography (CT), or MRI." In this case, the injured worker is 61 years old and was injured in 2013. The submitted documentation does not demonstrate adequate course of conservative care to warrant surgical intervention. There are no imaging findings or physical exam findings included in the submitted documentation, which demonstrate lateral tracking of the patella. There are no subjective findings documenting pain with sitting. Therefore, the criteria have not been met and the request is not medically necessary.

Chondroplasty with Drilling: 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 and leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, criteria include failure of conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case there is no official radiology report included in the submitted documentation confirming a chondral defect. Therefore, the criteria have not been met and the request is not medically necessary.

Associated Surgical Service: Physical Therapy 2x week x 6 weeks Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.