

Case Number:	CM15-0220227		
Date Assigned:	11/13/2015	Date of Injury:	04/24/2015
Decision Date:	12/24/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/09/2015

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:

This injured worker is a 33-year-old female who sustained an industrial injury on 4/24/15. Injury occurred when she was working as a police officer and had to chase a suspect 2 to 3 blocks. She arrested him while down on the ground requiring squatting, kneeling and lifting the suspect, with onset of bilateral knee pain. Past surgical history was positive for right knee proximal soft tissue re-alignment in 2010. The 5/21/15 right knee MRI impression documented chondromalacia patella and probable patellofemoral abutment syndrome, small joint effusion, Baker's cyst, tricompartmental osteoarthritis, and small medial plica. There was no convincing evidence for a clinically significant recurrent meniscal tear or evidence of ligamentous rupture. Conservative treatment had included physical therapy, activity modification, anti-inflammatory medications, home exercise program, and Synvisc injection. The 10/8/15 treating physician report cited worsening anterior right knee pain and compensatory low back discomfort. The painful catching had not gone away. She tried to do a home exercise program but the pain, swelling and catching had prohibited her from moving forward with this. Right knee pain was aggravated coming from a sitting to standing position, going up and down stairs, and walking. Conservative treatment had included physical therapy, home exercise program, modified duties, and Synvisc injection. Physical exam documented slightly antalgic gait, slight swelling, slight valgus alignment, patellofemoral joint tenderness with crepitus, and full knee flexion. Patellofemoral gliding was unremarkable. Imaging showed patellofemoral joint arthrosis and mild lateral placement of the patella with an osteophyte from the lateral facet. There were degenerative patella changes. She was working modified duty. Surgery was recommended and updated imaging was ordered. Authorization was requested for right knee arthroscopic patella

abrasion, chondroplasty, and lateral release, and tibial tubercle osteotomy, and 12 sessions of post-op physical therapy. The 10/29/15 utilization review non-certified the right knee arthroscopic surgery and associated post-op physical therapy as there was no evidence of a chondral defect on imaging and there was no clinical exam findings to support the need for lateral release or osteotomy. The 11/5/15 right knee MRI impression documented moderate degenerative changes at the inferior patella with chondromalacia, subchondral edema, and mild lateral subluxation of the patella. There was patellar spurring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic-Patella Abrasion, Chondroplasty, Lateral Release, Tibial/Tubacle: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Chondroplasty; Lateral retinacular release; Osteotomy.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg; Chondroplasty; Osteotomy; 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 Official Disability Guidelines (ODG) 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. Guidelines criteria for patellar tendon realignment or lateral release 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. The ODG guidelines support tibial osteotomy for patients with unicompartmental osteoarthritis of the knee when indications are met. Criteria include conservative treatment including exercise therapy and medications or viscosupplementation/steroid injections, and clinical findings of limited range of motion (<90 degrees) and night joint pain, and no pain relief with conservative care, and documentation of current functional limitations. Criteria also include age under 60, body mass index less than 40, and osteoarthritis of standing x-rays or previous arthroscopy. Guideline criteria have been reasonably met. This injured worker presents with persistent and function-limiting anterior right knee pain. Clinical exam findings documented full knee flexion, slight valgus alignment, and patellofemoral joint tenderness with crepitus. Imaging evidence was documented to include tricompartmental osteoarthritis, lateral patella subluxation, and patellar spurring. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial including physical therapy, exercise, medications and injections, without sustained improvement has been submitted. Therefore, this request is medically necessary.

12 sessions of Post-op Physical Therapy to the Right Knee: Overturned

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

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

Decision rationale: As the surgical request is supported, this request is medically necessary. Per the MTUS Postsurgical Guidelines, they support this number of initial PT visits for the combination of procedures. The requested 12 sessions of Post-op Physical Therapy to the Right Knee is medically necessary.