

<b>Case Number:</b>	CM15-0030404		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 48-year-old male with osteoarthritis of both knees. There is a history of industrial injury on 12/18/2012. He underwent MRI scans of both knees on 2/18/2013. The findings included evidence of moderate osteoarthritis of the medial compartment of both knees with a 3-4 mm extruded segment of medial meniscus bilaterally, joint space narrowing, and a vertical longitudinal tear of the posterior horn of the left medial meniscus. The injured worker underwent arthroscopy of the right knee with partial medial and lateral meniscectomies and chondroplasty of the articular surfaces and a lateral release. The provider requested a similar procedure on the left knee with arthroscopy, meniscectomy, and lateral release. This was modified by utilization review on January 23, 2015 to arthroscopy and meniscectomy but the lateral release was noncertified using ODG guidelines. This is now 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 Meniscectomy and Lateral Release:** Upheld

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

Guidelines (ODG), Indications for Surgery, Meniscectomy, and Knee and Leg (Acute & Chronic), Patellofemoral Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Lateral Retinacular Release.

**Decision rationale:** The request for arthroscopy and meniscectomy of the left knee has been certified by Utilization Review. With regard to a lateral retinacular release, California MTUS guidelines indicate a lateral arthroscopic release may be indicated in cases of recurrent subluxation of patella in the presence of patellofemoral syndrome. The documentation provided does not indicate the presence of recurrent subluxation of the patella. Official Disability Guidelines indicate a lateral retinacular release after failure of conservative care including physical therapy or medications plus subjective clinical findings of knee pain with sitting or pain with patellofemoral movement or recurrent dislocations plus objective clinical findings of 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 plus imaging clinical findings of abnormal patellar tilt on the x-rays, computed tomography, or MRI. The documentation submitted indicates that the injured worker has had a year of physical therapy and exercise programs. However, there is no documentation of recurring patellar dislocations, subluxation, or lateral tilt on imaging studies such as x-rays, CT scan, or MRI scan. The Q-angle is not reported. The MRI report documented in the available medical records does not mention patellofemoral malalignment or lateral tracking. As such, the request for a lateral release is not supported by guidelines and the medical necessity of the request has not been substantiated. This request is not medically necessary.