

Case Number:	CM15-0032386		
Date Assigned:	02/25/2015	Date of Injury:	01/23/2007
Decision Date:	04/20/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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 status post bilateral total knee arthroplasties with left knee pain. Per progress notes of December 11, 2014, the injured worker is a 69-year-old male who is seen for continuing left knee pain after a total knee arthroplasty. His pain is anterolateral and associated with a crepitus and some inflammation of the patellofemoral joint. The right total knee arthroplasty was done on August 9, 2006 and the left was done on May 7, 2009. He also had low back surgery. On physical examination there was a crepitus with range of motion of the patellofemoral joint. Otherwise good range of motion of both knees from 0-120°. No ligamentous instability. Good alignment. No varus/valgus laxity. Good anteroposterior instability. X-rays of the knee showed a posterior stabilized knee in good position with no evidence of loosening. The diagnosis was anterolateral knee pain. The IW wanted to undergo anterolateral arthroscopy and probable lateral release. Pain medicine notes of the same day indicate complaint of pain in the left knee with weightbearing and particular difficulty descending the stairs. He also had low back pain and left wrist pain. He was taking hydrocodone for the low back, left wrist and left knee. Past surgical history included left knee arthroscopy and partial medial meniscectomy on 5/14/2007, left total knee arthroplasty on 5/7/2009, and left knee arthroscopy for removal of foreign body on 2/1/2010. The disputed issue is a request for arthroscopy and lateral release that was non-certified by UR citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee anterolateral arthroscopy, probable lateral release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment; Integrated Treatment/Disability Duration Guidelines; "ODG indications for Surgery= Lateral retinacular release.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Lateral Retinacular Release.

Decision rationale: The injured worker has patellofemoral pain after a total knee arthroplasty. Although x-rays are reported to show no evidence of loosening and the main components in good position, there is no comment made about the patella. It is not certain if there is patellofemoral malalignment. In light of the history of crepitus in the joint, it is not certain if the patella was replaced at the time of the total knee arthroplasty. No radiology report has been submitted and no merchant's view interpretation has been submitted to determine if the patella was replaced and if there is malalignment present to warrant a lateral release. ODG guidelines for a lateral retinacular release include conservative care with physical therapy or medications plus subjective clinical findings of knee pain with sitting or pain with patellofemoral movements 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 plus imaging clinical findings of abnormal patellar tilt on x-rays, CT, or MRI. Based upon the documentation provided, the ODG criteria for a lateral retinacular release have not been met and as such, the request for arthroscopy and a lateral retinacular release is not supported and the medical necessity of the request has not been substantiated.