

Case Number:	CM15-0035983		
Date Assigned:	03/04/2015	Date of Injury:	09/25/2014
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/25/2015

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 46 year old male, who sustained an industrial injury on 09/25/2014. He has reported subsequent knee pain and was diagnosed with right knee patellofemoral pain syndrome/lateral patellar compression disorder. Treatment to date has included oral pain medication, cortistone injections, physical therapy, home exercise, application of ice and bracing. In a progress note dated 01/29/2015, the injured worker complained of right knee pain associated with grinding and instability. Objective findings were notable for patellofemoral tenderness and crepitus, positive patellar compression test and medial joint line tenderness. The physician noted that options were discussed and that the injured worker wanted to proceed with surgical treatment. Requests for authorization of right knee chondroplasty and lateral reticular release, pre-operative CBC/CMP, EKG physical therapy 3 times a week for 4 weeks and Norco 10/325 mg were made. On 02/05/2015, Utilization Review non-certified requests for right knee chondroplasty and lateral reticular release, pre-operative CBC/CMP, EKG physical therapy 3 times a week for 4 weeks and Norco 10/325 mg, noting that the surgery was not indicated as symptoms had been present for less than 6 months and that since the surgical procedure wasn't being approved, the remaining services were being denied. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Chondroplasty and Lateral Retinacular Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Indications for Surgery -- Chondroplasty, Lateral retinacular release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty.

Decision rationale: The injured worker has evidence of patellofemoral syndrome. California MTUS guidelines indicate although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been approved and its efficacy is questionable. Severe patellar degeneration presents a problem not easily treated by surgery. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella but surgical realignment of the extensor mechanism may be indicated in some patients. There is no recurrent subluxation of the patella documented although the Merchant's view shows a patellar tilt not reported on the MRI. ODG guidelines indicate necessity for a chondroplasty in the presence of a chondral defect on MRI. The MRI scan does not show presence of a chondral defect. As such, chondroplasty is not indicated. There is no subluxation or dislocation of the patella documented. Patellar apprehension has not been documented. Slight narrowing of the medial joint space on standing films is reported indicating a degenerative change. ODG guidelines do not recommend chondroplasty in the presence of degenerative changes particularly when there is no chondral defect identified on the MRI. As such, the request for chondroplasty and lateral retinacular release is not supported by guidelines and the medical necessity of the request has not been substantiated.

Pre-Operative CBC/CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing, Preoperative electrocardiogram (ECG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids and weaning, weaning.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.