

<b>Case Number:</b>	CM15-0036284		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 25-year old male who reported an injury on 02/21/2014 and the mechanism of injury was striking his knee on a spindle. The diagnosis is traumatic chondromalacia patella right knee with resultant irregularity of patella-femoral joint. The diagnostic report noted that the MRI taken on 04/17/2014 show no abnormalities and a very small amount of fluid. The x-rays from 05/27/2014 show no post-traumatic changes, no calcifications and no loose bodies. The transfer of care evaluation on 09/03/2014 noted the injured worker did have physical therapy and feels that it helped but the injured worker was not thoroughly satisfied. The physical exam on 10/20/2014 noted the injured worker had tenderness localized to the medial patella facet and that anterior drawer, Lachman, pivot shift and McMurray's test are all negative. The patellofemoral compression is positive with mild patellofemoral crepitus. On the occupational follow-up on 11/24/2014, the injured worker stated his pain is a 0 and will increase to a 1 or 2 with walking. The injured worker was no longer using ice or heat on his knee. The physical exam noted the injured worker had tenderness to palpation over the medial joint line. The occupational visit on 12/17/2014 the physical exam stated there is continued tenderness on the medial joint line with no decrease in strength or sensation and deep tendon reflexes are intact. The injured worker stated he had good and bad days. He continues with his home exercise program and wears a brace. The evaluation on 01/08/2015 noted the injured worker did attend physical therapy for 9 sessions. The injured workers current medications were noted as Naprosyn and Tylenol. The physical exam notes no

restriction of range of motion in either knee and crepitus grade 1 to 2 on patellofemoral compression. The treatment plan is arthroscopy due to failure of conservative measures.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orthopedic consultation for right knee surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-345.

**Decision rationale:** The California ACOEM states referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and who have failed to increased range of motion and strength of the knee during exercises. The evaluation notes state the injured worker does not have any decrease in strength and has normal range of motion in the right knee. The injured worker has been wearing a knee brace. There x-rays are unremarkable. The follow-up visit on 12/17/2014 the injured worker notes the pain is 0-1. Since the injured worker shows that there is no problem with strength or range of motion, the injured worker is taking pain medications and wears a brace. The physical therapy was completed and did help. Therefore, the request for the consolation is not supported. The request for the decision for orthopedic consultation for the right knee surgery is not medically necessary.