

<b>Case Number:</b>	CM15-0054260		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	11/12/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: 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 49 year old female, who sustained an industrial injury on 11/12/97. She reported right knee pain. The injured worker was diagnosed as having degenerative joint disease. Treatment to date has included x-ray of right knee, oral medications, (MRI) magnetic resonance imaging of right knee and right knee arthroscopy. MRI of the knee from 1/31/15 demonstrated no definitive meniscus tear with chondromalacia of the patella. Exam note from 1/16/15 demonstrated a normal Q angle to the knee. The patient lacked 10 degrees of full extension and patellar tilt with good mobility. Upon physical exam decreased and painful range of motion is noted of right knee. The treatment plan consisted of arthroscopic surgery for a lateral release, loose body excision and possible tibial tubercle transfer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic knee debridement, lateral release w/ probable tibia tubercle transfer treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Lateral Retinacular release.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of lateral release. ODG, Knee and Leg, Lateral retinacular release states criteria includes, Criteria for lateral retinacular release or patella tendon realignment or maquet procedure: 1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture). OR Medications. PLUS 2. Subjective Clinical Findings: Knee pain with sitting. OR Pain with patellar/femoral movement. OR Recurrent dislocations. PLUS 3. Objective Clinical Findings: Lateral tracking of the patella. OR Recurrent effusion. OR Patellar apprehension. OR Synovitis with or without crepitus. OR Increased Q angle >15 degrees. PLUS4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. In this case the exam note from 1/31/15 does not demonstrate an abnormal Q angle or significant pathology to warrant surgical intervention. Therefore, the request is not medically necessary.