

Case Number:	CM15-0055327		
Date Assigned:	03/30/2015	Date of Injury:	07/11/2011
Decision Date:	06/29/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	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, Indiana, Oregon
 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 60 year old male, who sustained an industrial injury on July 11, 2011. The injured worker was diagnosed as having status post left knee surgery with residuals, compensatory right knee derangement, tight plantar fasciitis, and left ankle sprain. Treatment to date has included MRIs, x-rays, electromyography (EMG)/nerve conduction study (NCS), acupuncture, bracing, left knee arthroscopy, and medication. Currently, the injured worker complains of right and left knee pain, right heel pain, and left ankle pain. The Primary Treating Physician's examination dated November 11, 2014, noted the injured worker had been working regular duties. Physical examination was noted to show the injured worker with a limp, with difficulty squatting and kneeling. Tenderness to palpation was noted medially and laterally of the knee, with evidence of heel pain and plantar fasciitis, and left ankle tenderness with pain with range of motion (ROM). A MRI of the right knee from October 2014 was noted to show a tear of the medial meniscus. The treatment plan was noted to include continued regular work, administration of medications, authorization given for Synvisc I injection to the left knee to be administered when available, and recommendation that the injured worker undergo right knee surgery due to the positive MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right knee meniscectomy and right knee lateral release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Meniscectomy, Indications for Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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 PLUS2. Subjective Clinical Findings: Knee pain with sitting OR Pain with patellar/femoral movement OR Recurrent dislocations PLUS3. 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 11/14/14 does not document abnormal patellar tracking and the MRI does not demonstrate patellar tilt. The guideline criteria are not met and the request is not medically necessary.

Pre-Op Labs (not specified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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

Associated Surgical Service: Chest X-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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