

<b>Case Number:</b>	CM15-0059701		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 24-year-old female who sustained an industrial injury on 9/25/14. Injury occurred while she was carrying a heavy box when she turned and twisted, and felt a pop and sharp pain in the left knee. Conservative treatment included anti-inflammatory medications, pain medications, activity modification, crutches, and physical therapy. Records documented persistent severe anterior knee pain and swelling, and inability to fully flex or extend the knee. She was unable to return to work. The 12/2/14 left knee MRI impression documented an unremarkable study. The 2/16/15 treating physician report cited severe left knee pain and a flexion contracture. She had chondromalacia patella and a lateral patellar tilt per plain film radiographs. Physical exam documented atrophy of the left thigh, lateral patellar subluxation, crepitus and pain about the patellofemoral joint, and point tenderness about the medial joint line. Range of motion was -20 to 120 degrees. Strength and sensation were normal. The diagnosis was left knee patellofemoral instability with chondromalacia patella, and flexion contracture with thigh muscle atrophy. The 3/6/15 treating physician appeal letter indicated that the injured worker remained symptomatic with moderate effusion, lateral patellar tilt, crepitus and pain about the patellofemoral joint, and medial joint line tenderness. She continued to have anterior knee pain and locking. The MRI was unremarkable, however plain radiographs demonstrated lateral patellar tilt and subluxation consistent with patella femoral instability. The treating physician report recommended left knee arthroscopy with lateral release based on her clinical presentation and plain film radiographs. Associated requests included 12 visits of post-op physical therapy, crutches, cold therapy unit, and a cane to assist with ambulation. The 3/18/15

utilization review non-certified the request for left knee arthroscopy with lateral release and associated surgical requests. The rationale for non-certification was based on absence of independent radiologist's reading of the plain x-rays to document patellar instability, and no documentation of the Q angle or exam showing lateral tracking.

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

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

**Left knee arthroscopy with lateral release:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Lateral retinacular release.

**Decision rationale:** The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines recommend patellar stabilization, in the form of lateral retinacular release, when surgical indications are met. Criteria include physical therapy or medications, and pain with sitting or patellar/femoral movement or recurrent dislocations. Clinical exam findings should include lateral tracking of the patella, recurrent effusion, patellar apprehension, synovitis with or without crepitus, and Q angle greater than 15 degrees. Imaging findings of abnormal patellar tilt are required. Guideline criteria have been met. This injured worker presented with a 5-month history of persistent knee pain and swelling with significant functional limitations precluding return to work. There was continued loss of range of motion and locking despite physical therapy. The treating physician reported plain film evidence of patellar subluxation and tilt. Clinical exam findings included a flexion contracture, moderate effusion, patellar subluxation and crepitus. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is evidence consistent with plausible patellar femoral instability. Therefore, this request is medically necessary.