MAXIMUS Federal Services

Case Number:	CM15-0084554		
Date Assigned:	05/06/2015	Date of Injury:	09/03/2014
Decision Date:	07/08/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

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 28-year-old female who sustained an industrial injury on 9/3/14 when her right lower leg was smashed by a machine. She currently (4/2/15) complains of right knee pain. She takes no medications. Diagnoses include crushing injury of the lower leg; disorder of muscle, ligament and fascia; internal derangement of the knee. Treatments to date have included ultrasound guided steroid injection to tissue at the lateral facet of the right patella with some relief; steroid injection to the iliotibial band bursa of the right knee with no relief; medications which did not give lasting relief; activity modification; physical therapy which made her pain worse. Diagnostics included electromyography/ nerve conduction study (12/11/14) normal; MRI of the right knee (12/15/14) normal; right knee x-ray (10/8/14) normal. In the progress note dated 4/2/15 the treating provider' s plan of care indicates failed conservative treatments and the discussion of knee arthroscopy and expected lateral retinacular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy lateral retinacular release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: California MTUS guidelines indicate lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella. The documentation provided does not indicate evidence of recurrent subluxation of the patella. As such, the guidelines do not support a lateral retinacular release. ODG guidelines recommend a lateral retinacular release in the presence of the following criteria: 1. Conservative care: Physical therapy or medications PLUS. 2. Subjective clinical findings of knee pain with sitting or pain with patellar/femoral movement or recurrent dislocations PLUS. 3. Objective clinical findings of lateral tracking of the patella or recurrent effusion or patellar apprehension or synovitis with or without crepitus or increased Q angle greater than 15‚ PLUS. 4. Imaging clinical findings of abnormal patellar tilt on x-ray, computed tomography or MRI. In this case, the ODG criteria are clearly not present. There is no documented imaging showing patellar tilt necessitating a lateral retinacular release. As such, the request for arthroscopy with a lateral retinacular release is not supported and the medical necessity of the request has not been substantiated.

Associated surgical services: Assistant surgeon - PA: Upheld

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

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

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

Associated surgical services: 12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

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

Associated surgical services: Polar care - cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous-flow cryotherapy.

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

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

Associated surgical services: Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

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