

Case Number:	CM13-0060768		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2011
Decision Date:	09/24/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female sustained an industrial injury on 5/13/11. Injury occurred when her left knee popped while walking up stairs. Past surgical history was positive for 4 left knee surgeries for patellofemoral malalignment syndrome, the last one in 2003. The 4/3/13 left knee MRI impression documented small joint effusion with mild prepatellar soft tissue edema, and intact anterior and posterior cruciate ligaments. The menisci were normal without discrete tear. The medial and lateral collateral ligaments were intact. There was geographic signal change in the proximal tibia, postsurgical in etiology. Eight visits of physical therapy in 2011 were reported as not beneficial. The 4/1/13 AME report cited constant left knee pain in the area of the tibial tuberosity, and occasional locking. Pain was aggravated by squatting, kneeling, running, jumping, and ascending/descending stairs. The patient was taking Norco for pain. Left knee exam documented tenderness over the medial joint line, tibial tubercle, and distal third of the patella tendon. There was pain on varus stress with pain referred to the patella tendon on resisted extension. There was gross atrophy of the vastus medialis oblique with 4+/5 quadriceps weakness. Range of motion was 0-110 degrees. There was no swelling and all orthopedic testing was negative. The AME recommended a surgical consultation for clinical findings of patellar tendonitis. The 10/24/13 treating physician report cited persistent left knee pain. Physical exam documented a normal gait, positive crepitus, and no effusion or instability. Active range of motion was 0-120 degrees and McMurray's sign was positive. Left knee arthroscopic debridement and lateral release with post-op physical therapy was recommended. The 11/13/13 utilization review denied the request for left knee surgery as there was an absence of appropriate documentation of subjective, objective, imaging and clinical findings of lateral patellar maltracking to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPIC DEBRIDEMENT/LATERAL RELEASE: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Lateral retinacular release.

Decision rationale: The California MTUS does not provide specific indications for this procedure. The Official Disability Guidelines recommend lateral retinacular release when criteria are met. Indications 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 not been met. There are no current clinical or imaging findings consistent with guidelines to support the medical necessity of lateral release. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.