

Case Number:	CM14-0109936		
Date Assigned:	08/01/2014	Date of Injury:	03/24/2008
Decision Date:	10/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopedic 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:

The claimant is a 48 year old male who sustained an injury to multiple body parts on 03/24/08. The clinical records provided for review specific to the claimant's left knee included the report of an MRI dated 05/12/14 identifying a small hemangioma of the distal femur, no ligamentous or meniscal pathology, no chondral lesions or abnormalities, and the patellofemoral joint was noted to be "normal". The clinical progress report dated 05/15/14 described continued complaints of pain and "patellar instability". Physical examination showed a positive patellar apprehension sign. The report of plain film radiographs identified a lateral tilt of the patella. It states the claimant has failed conservative care including physical therapy, injections, medication, bracing, rest and activity modification. The recommendation was made for surgical arthroscopy, lateral retinacular release and medial ligamentous repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic/ Operative Left Knee with Subcutaneous Lateral Release & Medial Repair:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347 table 13-6. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- INDICATIONS FOR SURGERY--CHONDROPLASTY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

Decision rationale: Based on the ACOEM Guidelines, the request for diagnostic/ operative left knee with subcutaneous lateral release and medial repair cannot be recommended as medically necessary. According to the ACOEM Guidelines, this surgery is typically reserved for individuals with recurrent subluxation of the patella or surgical realignment and repair. Unfortunately, the claimant's MRI scan fails to demonstrate any evidence of chondral injury or mechanical injury to the knee cap that would result in the need for operative procedure. Without direct clinical correlation of documentation of recurrent patellar subluxation, the role of operative process would not be indicated.

Post-Operative (Post-Op) Physical Therapy 3x4 Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347 table 13-6.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Medical Clearance; History & Physical (H&P), Labs, Electrocardiogram (EKG) Chest X-Ray (CxR): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347 table 13-6.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Cold Therapy Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347 table 13-6.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Interferential Units (IF) Rent Times 1-2 Months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347 table 13-6.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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