

Case Number:	CM14-0128968		
Date Assigned:	08/18/2014	Date of Injury:	04/15/2012
Decision Date:	09/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41 year old male with an injury date of 04/15/12. Per the 07/03/14 report by Dr. [REDACTED] the patient presents with continued instability symptoms in the right knee i.e. giving out while walking and on stairs. The instability continues to be on a linear plane as opposed to rotatory. The patient may not return to his usual and customary job. Examination of the right knee reveals, ROM 0-135 (0-140), Anterior Drawer is 2A, Lach 1A (1A on left), Pivot Shift negative, 1 inch atrophy on right, 4/5 quad strength, McMurrays negative. The 02/30/14 nerve study reports no electrodiagnostic evidence of Right Peroneal and Tibial Mononeuropathies, Peripheral Polyneuropathy or Right LumboSacral Radiculopathy/Plexopathy. The 11/03/13 MRI of the right knee reports: 1. Evidence for prior ACL graft reconstruction is seen (10/25/12) 2. Mild cartilage (illegible) at the median ridge of the patella slightly worsened from prior study. Mild superficial cartilage fissuring also seen in the medial patellar facet. 3. A mild focal cartilage fissure is seen in the central (illegible) notch similar to prior study 4. The reconstructed ACL graft is well visualized and intact without edema. 5. The cartilage in the medial and lateral compartment is intact 6. PCL is normal 7. MCL and lateral ligaments of the knee are within normal limits 8. Extensor mechanism: Mild proximal (illegible) tendinopathy, stable. Mild scarring in (illegible) from prior surgery 9. Intact medial and lateral menisci 10. Miscellaneous: No Baker cyst is visualized. The 07/17/14 bilateral knee x-rays report: 1. No evidence of advanced arthritis or subluxation 2. Status post right knee ACL repair 3. Bilateral small joint effusions seen. The patient's diagnoses include, 1. Status post knee arthroscopy ACL reconstruction 2. Post op quadriceps weakness. The utilization review being challenged is dated 07/22/14. The rationale is that the MRI is normal except for evidence of the surgery. The reviewer does not understand how surgical debridement will help instability with quad

atrophy and weak quads. ACOEM requires a ligament and patella exam and it is unknown what quad physical therapy was completed and when. Also the reviewer was unable to contact the treater. Treatment reports from 01/30/14 to 07/03/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The patient presents with continued instability symptoms in the right knee post ACL reconstruction 10/25/12. The treater requests for Right knee Arthroscopy. ACOEM guidelines page 343 state that referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and there has been failure of exercise programs to increase range motion and strength of the musculature around the knee. ODG guidelines do not support arthroscopic lavage and debridement in patients with osteoarthritis of the knee. The 06/02/14 report states that the treater recommends continued intensive home exercise for the patient and states, "That if he does not improve significantly with injection we can discuss more surgery, but I am not enthusiastic about it". The treater further notes that it may be best to get a second opinion if the patient does not improve soon so the patient can understand that more surgery is not a guarantee. The 02/21/14 report by Dr. [REDACTED] states the patient has already tried physical therapy and anti-inflammatory medication, heat, ice and home exercise. The reports provided do not document or discuss the number of physical therapy sessions the patient received. The 05/15/14 report states that the ACL is not believed to be the issue and the majority of the patient's pain and instability symptoms appear to be due to patellofemoral issues. On 06/03/14 the treater states if there is no improvement in instability following a cortisone injection further surgical options may be considered. Specifically mentioned are arthroscopy, debridement and chondropathy of the patellofemoral compartment. The treater also states, "We may even may need to consider revising the ACL-hopefully it won't come to that." The request appears to be for arthroscopic surgery to perform debridement and possible lateral release. ODG guidelines do not support debridement/arthroscopic surgery for osteoarthritis. Recommendation is for denial.

Debridemenmt: Upheld

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

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) Arthroscopic surgery for osteoarthritis.

Decision rationale: The patient presents with continued instability symptoms in the right knee post ACL reconstruction 10/25/12. The treater requests for debridement right knee. ACOEM guidelines page 343 state that referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and there has been failure of exercise programs to increase range motion and strength of the musculature around the knee. ODG guidelines do not support arthroscopic lavage and debridement in patients with osteoarthritis of the knee. The 06/02/14 report states that the treater recommends continued intensive home exercise for the patient and states, "That if he does not improve significantly with injection we can discuss more surgery, but I am not enthusiastic about it". The treater further notes that it may be best to get a second opinion if the patient does not improve soon so the patient can understand that more surgery is not a guarantee. The 02/21/14 report by Dr. [REDACTED] states the patient has already tried physical therapy and anti-inflammatory medication, heat, ice and home exercise. The reports provided do not document or discuss the number of physical therapy sessions the patient received. The 05/15/14 report states that the ACL is not believed to be the issue and the majority of the patient's pain and instability symptoms appear to be due to patellofemoral issues. On 06/03/14 the treater states if there is no improvement in instability following a cortisone injection further surgical options may be considered. Specifically mentioned are arthroscopy, debridement and chondropathy of the patellofemoral compartment. The treater also states, "We may even may need to consider revising the ACL-hopefully it won't come to that." The request appears to be for arthroscopic surgery to perform debridement and possible lateral release. ODG guidelines do not support debridement/arthroscopic surgery for osteoarthritis. Recommendation is for denial.

Poss Lateral Release: Upheld

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

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) Lateral retinacular release.

Decision rationale: The patient presents with continued instability symptoms in the right knee post ACL reconstruction 10/25/12. The treater requests for possible lateral release right knee. ACOEM guidelines page 343 state that referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and there has been failure of exercise programs to increase range motion and strength of the musculature around the knee. ODG guidelines Knee and Leg chapter recommend Lateral retinacular release following imaging clinical findings of abnormal patellar tilt on x-ray, compute tomography or MRI. The 06/02/14 report states that the treater recommends continued intensive home exercise for the patient and states, "That if he does not improve significantly with injection we can discuss more surgery, but I am not enthusiastic about it". The treater further notes that it may be best to get a second opinion if the patient does not improve soon so the patient can understand that more surgery is not a guarantee. The 02/21/14 report by Dr. [REDACTED] states the patient has already tried physical therapy and anti-inflammatory medication, heat, ice and home exercise. The reports provided

do not document or discuss the number of physical therapy sessions the patient received. The 05/15/14 report states that the ACL is not believed to be the issue and the majority of the patient's pain and instability symptoms appear to be due to patellofemoral issues. On 06/03/14 the treater states if there is no improvement in instability following a cortisone injection further surgical options may be considered. Specifically mentioned are arthroscopy, debridement and chondropathy of the patellofemoral compartment. The treater also states, "We may even may need to consider revising the ACL-hopefully it won't come to that." The request appears to be for arthroscopic surgery to perform debridement and possible lateral release. In this case, the patient has only mild arthritic change of the patellofemoral compartment per the MRI. Therefore, recommendation is for denial.