Case Number:	CM14-0147872		
Date Assigned:	09/15/2014	Date of Injury:	08/05/2003
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/11/2014

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, has a subspecialty in Spinal Surgery and is licensed to practice in South Dakota. 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 injured worker is a 51 year old male who was injured on August 5, 2003 while working to his right knee. The mechanism of injury is a slip and fall event. The diagnoses listed as chondromalacia of patella (717.7). The most recent progress note dated 8/13/14, reveals complaints of increased pain at his right knee end is quite specific about its location being just lateral to the patella. Physical examination reveals right knee positive small effusion, positive patellofemoral crepitus, some tenderness around the lateral retinacular region and positive patellar inhibition, range of motion is 0 to 130, slight pseudolaxity with valgus stressing, Xrays are noted to show moderately advanced degenerative changes with varus pattern . Prior treatment includes status post right knee arthritis debridement in the remote past, medications, postoperative physical therapy, right knee arthroscopy in 2003, left knee arthroscopy with medial and lateral meniscectomies, and left knee arthroscopic chrondoplasty in 2002. A prior utilization review determination dated 9/2/14 resulted in denial of right knee arthroscopy, debridement, lateral release quantity opne, Physician's assistant quantity one, preoperative labs hemoglobin (HgB) quantity one, preoperative labs sodium quantity one, preoperative labs Potassium quantity one, echocardiogram (EKG) quantity one, postoperative physical therapy to right knee quantity twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, debridement, lateral release QTY: 1.00: 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), Knee and Leg chapter

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

Decision rationale: MTUS is silent. ODG indications for lateral retinacular release include imaging evidence of abnormal patellar tilt. Imaging studies in the records do not indicate the presence of abnormal patellar alignment and as such the requested surgery is not considered medically necessary.

PA assistant QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cms.gov/apps/physician-fee-schedule/overview.aspx, The centers for Medicare & Medicaid Services (CMS)

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

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

Pre-op Labs HgB QTY: 1.00: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Lateral Retinacular Release

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

Pre-op labs Sodium QTY: 1.00: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Lateral Retinacular Release

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

Pre-op labs: Potassium QTY: 1.00: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Lateral Retinacular Release.

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

EKG QTY: 1.00: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Lateral Retinacular Release

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

Post-op Physical therapy to right knee QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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, Lateral Retinacular Release

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