

Case Number:	CM15-0079397		
Date Assigned:	05/26/2015	Date of Injury:	09/06/2013
Decision Date:	06/18/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/24/2015

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: California

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 49 year old male, who sustained an industrial injury on 9/6/13. He reported initial complaints of right hip and groin. The injured worker was diagnosed as having right hip labrum tear; other bursitis disorders. Treatment to date has included status post right hip arthroscopy with labrum debridement (6/6/14); physical therapy; medications. Diagnostics included MRI left knee (12/16/14). Currently, the PR-2 notes dated 9/2/14 indicated the injured worker is a status post right hip arthroscopy with labrum debridement (6/6/14). The provider notes the right hip is much improved after the scope. She did injure her left knee while doing therapy. A MRI left knee dated 12/16/14 impression notes "diminutive medial meniscal body and posterior horn compatible with prior debridement; superior articular-sided fraying of posterior horn without discrete tear; 2. 7x5mm high-grade cartilage defect at the upper lateral patellar facet just beyond the median ridge with mild subjacent reactive bone marrow edema; small septated popliteal cyst about which is susceptibility artifact, query prior surgery in this location". The provider is requesting a Left knee scope chondroplasty and lateral release; purchase of crutches for the left knee and postoperative physical therapy 12 sessions over 4 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee scope chondroplasty and 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 (ODG), Knee & Leg, Lateral retinacular release.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Chondroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, Criteria include conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case the MRI from 12/16/14 does not demonstrate a clear chondral defect on MRI nor does the exam note from 9/2/14 demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the determination is for non-certification. Knee Arthroscopy with lateral release. CA MTUS/ ACOEM is silent on the issue of lateral release. ODG, Knee and Leg, Lateral retinacular release states criteria includes, Criteria for lateral retinacular release or patella tendon realignment or maquet procedure: 1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture) OR Medications PLUS; 2. Subjective Clinical Findings: Knee pain with sitting OR Pain with patellar/femoral movement OR Recurrent dislocations PLUS; 3. Objective Clinical Findings: Lateral tracking of the patella OR Recurrent effusion OR Patellar apprehension OR Synovitis with or without crepitus OR Increased Q angle >15 degrees PLUS4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. In this case the exam note from 9/2/14 does not demonstrate adequate course of conservative care or abnormal patellofemoral exam findings to warrant surgical intervention including. Therefore the determination is for non-certification.

Associated surgical service: purchase of crutches for the left knee: Upheld

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

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.

Post-op physical therapy sessions over 4 weeks, left knee: Upheld

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

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.