

Case Number:	CM15-0095122		
Date Assigned:	05/21/2015	Date of Injury:	01/11/2013
Decision Date:	08/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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 51 year old male, who sustained an industrial injury on January 11, 2013. He reported cumulative trauma to his bilateral knees secondary to persistent kneeling, squatting, and lifting. The injured worker was diagnosed as having patellofemoral malalignment of the bilateral knees, left greater than right. Treatment to date has included right shoulder surgery, physical therapy, bracing, corticosteroid injections, MRIs, x-rays, and medication. Currently, the injured worker complains of bilateral knee pain, left greater than right, and bilateral shoulder injury due to the industrial accident. The Initial Orthopaedic Evaluation Report dated March 25, 2015, noted the injured worker complaining of subluxing of the left knee with marked dislocations. Examination of the knees was noted to reveal moderate intra-articular effusion about both knees, with mild medial joint line tenderness elicited to palpation of both knees. Patella grind test was positive bilaterally with marked patella crepitus, and McMurray's sign positive bilaterally. X-rays of the left knee was noted to show severe lateral tilt of the patella, with lateral tilt of the patella shown on an x-ray of the right knee. The treatment plan was noted to include requests for authorization to proceed with diagnostic and operative arthroscopy of the left knee with patella stabilization, and a urine toxicology screening. The injured worker received an ultrasound guided injection to the right shoulder for pain relief, and dispensed medications, including Hydrocodone, Diclofenac Sodium, Tramadol HCL, Cyclobenzaprine, and Pantoprazole Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee SLR and medial repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 329-360.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Lateral retinacular release.

Decision rationale: 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 2. Subjective Clinical Findings: Knee pain with sitting or Pain with patellar/femoral movement, or Recurrent dislocations. 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 greater than 15 degrees. 4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. In this case the exam note from 3/25/15 does not demonstrate adequate course of conservative care to warrant surgical intervention. Therefore the request is not medically necessary.

Associated surgical service: Assistant surgeon/ PA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.aaos.org/about/papers/position/1120.asp>.

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

Associated surgical service: Post operative Physical Therapy, 3 times per week for 4 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

Associated surgical service: Medical Clearance Labs: CBC (complete blood count): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

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

Associated surgical service: Cold Therapy unit, purchase: Upheld

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

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, Continuous flow cryotherapy.

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

Associated surgical service: IF (Interferential stimulation) unit, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

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

Associated surgical service: Medical Clearance Labs: CMP (comprehensive metabolic panel): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

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

Associated surgical service: Medical Clearance Labs: PT (prothrombin time)/ PTT (partial thrombastin time): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

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

Associated surgical service: Medical Clearance Labs: UA (urinalysis): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

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

Associated surgical service: EKG (electrocardiogram): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

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

Associated surgical service: Chest X-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

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