

Case Number:	CM15-0095762		
Date Assigned:	05/22/2015	Date of Injury:	04/15/2003
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
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, Indiana, Oregon
 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 59-year-old male who sustained an industrial injury on 4/15/2003 when his right foot slipped out in a valgus position and he injured his right knee. An MRI done 5/5/03 showed medial and lateral meniscal tears with areas of high grade cartilage loss in the lateral compartment. Current diagnoses are right knee pain with adhesions of lateral gutter and suprapatellar pouch, status post total knee arthroplasty on 4/8/14, history of knee arthritis, and non-insulin dependent diabetes. His current complaints include right knee pain with a feeling of fullness and tightness. In a physician progress note dated 1/13/15, the injured worker reports he has completed 24 sessions of physical therapy and that he continues to have right knee pain and swelling. He also reports he can walk a mile. His current work status is that he is retired. A physician progress note dated 4/8/15, on exam of the right knee, reports there is good range of motion of 0-130 and the pain is isolated mainly to the anterolateral corner when he goes into full extension. There is no effusion, and no excessive varus or valgus instability. Some right thigh atrophy is noted. There is noticeable swelling with thickness at the anterolateral aspect of the knee and pain with palpation. A diagnostic injection administered interarticularly on the previous office visit, provided knee pain relief for about 12 hours. A computerized tomography scan of the right knee with 3D reconstruction done 1/8/15 shows there is no evidence of loosening of the femoral tibial components. Treatment has included Cortisone injections to the right knee, Hydrocodone, Ibuprofen, Norco, Ambien, physical therapy and a home exercise program of stretching and walking. Treatment is planned for an outpatient right knee arthroscopy with suprapatellar and lateral gutter debridement/release, 12 post-operative physical therapy sessions, and 1 prescription of Norco 10/325mg post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Knee Arthroscopy with suprapatellar and lateral gutter debridement/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, Knee & Leg (Acute & Chronic).

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

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. 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. PLUS. 4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. In this case the office note from 4/8/15 and the advanced imaging do not document maltracking on physical examination or increased tilt on the CT scan. Based on this the request is not medically necessary.

12 Post-op Physical Therapy sessions: 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.

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

1 prescription of Post-Op Norco 10/325mg #90: Upheld

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

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

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

