

Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

IMR Case Number:	CM13-0001046	Date of Injury:	07/04/2009
Claims Number:	██████████	UR Denial Date:	07/02/2013
Priority:	STANDARD	Application Received:	07/09/2013
Employee Name:	████████████████████		
Provider Name:	██████████ MD		
Treatment(s) in Dispute Listed on IMR Application:			
LEFT KNEE ARTHROSCOPY WITH TIBAL TUBURCLE OSTEOTOMY-			

DEAR ██████████ ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 4, 2009.

Thus far, the applicant has been treated with the following: Analgesic medications; x-rays of the injured knee, of January 12, 2012, apparently notable for moderate arthritic changes; prior knee arthroscopy and partial meniscectomy; subsequent diagnosis with chondromalacia patella; and apparent return to alternate work.

In a July 2, 2013 utilization review report, the claims administrator denied a request for left knee arthroscopy with tibial tubercle osteotomy.

The applicant subsequently appealed on July 9, 2013. A June 11, 2013 progress note is notable for comments that the applicant has found an alternate sedentary type of employment. She was formerly employed at Applebee's. The applicant never improved dramatically following the prior surgery, it is noted. She reports ongoing knee pain, exhibits full knee range of motion, grade I crepitation, and tenderness about the lateral facet. Recommendation is made for the applicant to pursue diagnostic arthroscopy to likely include a lateral retinacular release to correct tilt and perform simultaneous tibial tubercle osteotomy to correct subluxation. It is noted that the applicant has been on a conservative treatment program for some time and has anatomic predisposition toward patellofemoral disorder. In a June 20, 2013 followup letter to the claims administrator, the attending provider writes that the applicant remains markedly symptomatic, continues to have ongoing issues, continues to have ongoing patellofemoral complaints, and notes that the applicant's current employer is not responsible for any of her present

symptoms. It is stated that the applicant has essentially exhausted conservative measures.

IMR DECISION(S) AND RATIONALE(S)

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

1. Left knee arthroscopy with tibial tubercle osteotomy is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM guidelines (2nd Edition, pages 344-345, which are part of the MTUS; and the ODG indications for surgery, Lateral retinacular release, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 13, Surgical Considerations, which is part of the MTUS and ACOEM Guidelines 3rd Edition, Knee Chapter, Surgery, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

While the MTUS-Adopted ACOEM Guidelines in chapter 13 note that surgical treatment for patellofemoral syndrome is of questionable efficacy, in this case, the applicant has apparently exhausted all other nonoperative options. The applicant has apparently exhausted all other nonoperative options postoperative physical therapy, medications, time, etc. She is a younger individual (36 years of age) who is apparently intent on furthering her rehabilitation through operative means. Given the failure of conservative treatment, surgical treatment is indicated here. The Third Edition ACOEM Guidelines speak more expansively on the topic and do endorse surgery for anterior knee pain and/or patellofemoral syndrome in those individuals who have failed six months of nonoperative treatment with clinical and/or radiographic evidence of patellar malalignment, as is present here. Therefore, the original utilization review decision is overturned. The request is certified.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]

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