

Case Number:	CM13-0053375		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2012
Decision Date:	03/12/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery 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. 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:

This is a 26-year-old female who was injured on December 4, 2012, sustaining an injury to the left knee. It states that she was on a ladder when she twisted suddenly, with an acute pop and swelling. A recent clinical visit on November 5, 2013 with [REDACTED] indicated continued complaints of pain about the knee. He states that she has failed conservative care and treatment. She has utilized physical therapy, anti-inflammatory medications, a knee brace, and corticosteroid procedures. Objectively, there was noted to be no acute distress. The left knee was with restricted motion from 0 to 120 degrees. There was positive patellofemoral grind sign, with stable ligamentous evaluation, no instability, and full strength. The claimant's diagnosis was that of "status post left patellofemoral dislocation with persistent maltracking and pain in the knee." Formal imaging was not available for review, but the treating physician indicated that she was with a lateral patellar tilt on MRI scan. Documentation of radiographs is not noted. At present, there is a request for surgical intervention in the form of a surgical arthroscopy, chondroplasty, and possible lateral retinacular release procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, with chondroplasty and possible 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: Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the role of lateral retinacular release is only indicated for episodes of recurrent subluxation of the patella. The clinical records for review in this case would not support the role of operative intervention as the surgical process would not be supported as there is no current clinical documentation of imaging supportive of malalignment or maltracking of the patella. While the treating physician indicates that the MRI scan demonstrated lateral patellar tilt, the lack of documentation of radiographs or MRI scan available for review would fail to necessitate the role of need for this operative intervention as requested.