

Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/19/2013
Date of Injury: 3/31/2012
IMR Application Received: 7/31/2013
MAXIMUS Case Number: CM13-0005138

DEAR [REDACTED],

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: UPHOLD. This means we decided that none 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, [REDACTED]

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 Surgeon, has a subspecialty in Spine 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.

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:



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 patient is a 38-year-old female who reported an injury to her right knee on 03/31/2012. The patient is noted to have been diagnosed with a closed fracture of the head of the fibula and is noted to have undergone an arthroscopic evaluation for an acute lateral meniscus tear of the knee. Chondroplasty was reported to have been performed for generalized synovitis on 08/06/2012 and she is noted to have developed a postoperative infection. On 10/04/2012, the patient is noted to have undergone an irrigation and debridement of the right knee with closure of a synovial cutaneous fistula and a plica resection. She is reported to continue to complain of ongoing knee pain and is noted to have treated with cortisone injections and physical therapy. In 01/2013, the patient underwent an Orthovisc injection but continued to have complaints of right knee pain Her right knee was reported to be worse with increased activity and increased sitting located anteriorly. The patient was reported to have completed 11 sessions of physical therapy as of 03/11/2013. The patient was noted on 04/22/2013 to have undergone a right knee joint aspiration but no fluid was withdrawn. She is reported to have undergone previous cortisone injections to the right knee which were not helpful. On 05/31/2013, she reported ongoing complaints of significant right knee pain located at the anterior lateral joint line as well as around the knee cap and also always anterior. Physical examination on that date noted the patient to have medial and lateral joint line pain, peripatellar pain to palpation, none over the fibular head and neck. The pain was somewhat relieved with medially directed patellar pressure during flexion and extension was worsened with lateral directed pressure. The patient is noted to have range of motion of 0 to 120 degrees. A clinical note dated 06/25/2013 reported the patient continued to have ongoing knee pain and on physical exam the patient is noted to have mild valgus alignment with 22 degrees of Q-angle and J-tracking with extension. A right tibial tubercle anteromedialization was recommended. On 07/01/2013, the patient is noted to have undergone an arthroscopic synovial biopsy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Right tibial tubercle anteromedialization is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Wheelless' textbook of Orthopaedics (web), Q angle of the Knee, Patellofemoral Malalignment, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The employee is a 38 year old female who reported an injury on 03/31/2012. Initially diagnosed with a closed fracture of the fibula and was treated conservatively. Subsequently, due to ongoing complaints of pain, the employee underwent a MRI and was diagnosed with a lateral meniscal tear. The employee is noted to have undergone surgery in July of 2012 consisting of a chondroplasty. The employee developed a post-operative infection and underwent an I&D, closure of a synovial cutaneous fistula and plica removal on 10/04/2013. The employee is noted to have undergone extensive PT, cortisone injections and 1 Orthovisc injection which caused severe pain. The employee continued to complain of pain, and is reported on 05/31/2013 to have mild valgus deformity, 22 degrees Q angle and J tracking with extension on physical exam of the right knee. The California MTUS recommends a lateral arthroscopic release for recurrent subluxation of the patella, but states some may require a release of the extensor mechanism. The Wheelless' Textbook of Orthopaedics states that tibial tubercle anteromedialization is sometimes used to treat patellofemoral malalignment. It also states the normal Q angle in females is 17 degrees (+ or - 3 degrees) and states a sitting Q angle of more than 8 degrees is abnormal. There is no indication the employee has recurrent subluxation of the patella and no indication if the Q angle measurement was performed when sitting or standing. As such, the requested surgery does not meet guideline recommendation. **The request for right tibial tubercle anteromedialization is not medically necessary and appropriate.**

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.