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| <b>Case Number:</b>   | CM13-0005023 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 06/16/2012 |
| <b>Decision Date:</b> | 05/19/2014   | <b>UR Denial Date:</b>       | 07/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2013 |

### 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. The expert 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 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/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:

The claimant is a 57-year-old who was injured in a work related accident on June 16, 2012. Recent clinical records provided for review include a right knee MRI report of June 25, 2013 showing irregularity at the free edge of the lateral meniscus with tearing with a chondral defect of the lateral patellar facet and intact ligamentous findings. A recent clinical assessment following MRI scan for review of July 10, 2013 showed continued right knee complaints with pain at the inferior 1/3 of the patella. Reviewed was claimant's MRI scan which he states confirmed an "acute fracture of the patella". The claimant was diagnosed at that time with a patellar fracture nonunion and delayed open reduction internal fixation was recommended for further definitive care. Further review of the MRI report does indicate that there is a linear abnormality signal at the mid portion of the patella consistent with history of a previous fracture. There are no apparent acute findings, however.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 RIGHT KNEE OPEN REDUCTION INTERNAL FIXATION OF PATELLA FRACTURE WITH POSSIBLE BONE ALLOGRAFT AS AN OUTPATIENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM - <http://www.acoempracguides.org/> Knee; Table 2, Summary of Recommendations, Knee Disorders.

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

**Decision rationale:** When looking at the Official Disability Guidelines' criteria, the acute need of open reduction internal fixation of the patella in this instance would not be supported. The claimant's MRI scan had signal change consistent with prior fracture of the patella with no indication of acute nonunion or malunion of the previous fracture. Regardless, this fragment appears to be well aligned with no acute indication for need of surgical process at this delayed stage in the claimant's clinical course of care. The specific request in this case would not be indicated. The request is not medically necessary and appropriate.

**MEDICAL CLEARANCE : PRE OPERATIVE LABS (TO INCLUDE BLOOD AND URINE):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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