

Case Number:	CM13-0033019		
Date Assigned:	12/27/2013	Date of Injury:	09/23/2011
Decision Date:	02/27/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopaedic 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 48-year-old gentleman who was injured in a work related accident on 09/23/11. Specific to his left knee, prior MRI report of 07/27/12 showed a signal abnormality to the posterior horn of the medial meniscus representing an oblique tear. No other findings were noted. Assessment of 07/19/13 with [REDACTED] indicated that the claimant would be an appropriate candidate for patelloplasty in the form of a Maquet procedure with formal physical examination findings at that date not noted. Further imaging in regards to the claimant's knee or recent physical examination findings are not documented. At present, there is a request for a patelloplasty and Maquet procedure as stated for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patelloplasty by performing Maquet procedure of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

Decision rationale: Based on California ACOEM Guidelines, the role of surgical intervention of the claimant's patella in this case would not be supported. Requested is a Parquet procedure, a patelloplasty with osteotomy. Records in this case fail to demonstrate clinical imaging supportive of patella malalignment or underlying changes that would support surgery for the patella in any shape or form. The absence of physical examination findings or clinical correlation with imaging supporting a patellar diagnosis would fail to necessitate the role of the above procedure. Clinical records, imaging, and clinical presentation would not support its role at present.

Medical clearance to be performed by an Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

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.