

Case Number:	CM13-0069624		
Date Assigned:	01/03/2014	Date of Injury:	01/19/2011
Decision Date:	05/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/23/2013

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 Pennsylvania. 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:

This claimant is a 60 year-old gentleman who was injured in a work-related accident, January 19, 2011, sustaining an injury to the left knee. Clinical records reviewed include a recent orthopedic reassessment of November 18, 2013 where the claimant was noted to be with continued complaints of left knee pain with weakness and grinding. Physical examination findings showed restricted range of motion and prior surgical sites from previous open reduction internal fixation of a patella fracture with weakness over the quadriceps tendon and pain with extension. Review of imaging at that time including radiographs and MRI scan showed evidence of prior fixation of the patella as well as subsequent removal of hardware. The patella was noted to be healed. There was noted to be quadriceps tendinosis with patellofemoral degenerative change, but no evidence of internal derangement otherwise indicated. At present, there is indication for surgical intervention to include an arthroscopy to the knee for further treatment based on failed conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPIC SURGERY TO LATERAL PATELLOFEMORAL JOINT OF LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM-

<https://www.acoempracguides.org/>. Official Disability Guidelines (ODG), Work Loss Data Institute, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure: Chondroplasty

Decision rationale: Based on Official Disability Guideline criteria as the California MTUS and ACOEM Guidelines are silent, surgical arthroscopy to include debridement to the lateral patellofemoral joint would not be indicated. The Official Disability Guidelines do not recommend the role of surgery for the sole diagnosis of degenerative change. The records in this case while demonstrating degenerative changes to the patella do not indicate acute internal pathology that would benefit from a surgical arthroscopic process. The specific request for the surgery in question would not be indicated.

DVT/PNEUMATIC COMPRESSION WRAPS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM-<https://www.acoempracguides.org/>. Knee Disorders. Official Disability Guidelines (ODG), Work Loss Data Institute, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, (2013), Forearm/wrist/hand procedure - Vasopneumatic devices.

Decision rationale: The role of a deep venous thrombosis pneumatic device based on Official Disability Guideline criteria would also not be supported as the need of operative intervention has not been established.

PHYSICAL THERAPY 3X4 TO POSTOPERATIVE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM-<https://www.acoempracguides.org/>. Knee Disorders. Official Disability Guidelines (ODG), Work Loss Data Institute, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS Postsurgical Rehabilitative Guidelines would also not support the role of 12 sessions of physical therapy as the need of operative intervention in this case has not yet been supported.