MAXIMUS Federal Services

Case Number:	CM14-0005199		
Date Assigned:	01/29/2014	Date of Injury:	01/31/2012
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 39-year-old female with a1/3/12 date of injury to the left knee after being kicked by a teenager. She is status post lateral meniscectomy, and ACL reconstruction with lysis of adhesions and manipulation under anesthesia on 1/19/13, with post operative physical therapy. A post surgical MRI dated 7/19/13 documented these post surgical changes as well as slight tilting of the patella-femoral joint and some trochlear cartilage fissuring. The patient was seen on 11/25/13 for her left knee pain. Exam findings revealed tenderness over the patella-femoral joint and quadriceps, an increased Q angle, and patella-femoral compression test was positive. A UR decision dated 12/17/13 denied the request given current MTUS treatment guidelines do not support surgery for patello-femoral syndrome. It is noted that cortisone injections, additional physical therapy, viscosupplementation, and bracing were requested but not authorized. Treatment to date: medications, physical therapy, left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIBIAL TUBERCLE WITH POTENTIALLY LATERAL LENGTHENING OF THE LATERAL RETINACULUM OR POSSIBLE CARTILAGE RESTORATIVE PROCEDURE - LEFT KNEE: Upheld

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

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

Decision rationale: The employee is proposed to undergo a tibial tubercle osteotomy for management of patellofemroal chondromalacia and mal-tracking. Severe patellar cartilage degeneration presents a problem not easily treated by surgery. Patellectomy and patellar replacements in active patients yield inconsistent results, yet the procedures have a reasonable place only in treating patients with severe unicoplartmental degenerative arthritis . Lateral arthroscopic release may be indicated in cases of excessively tight lateral retinaculum with clinical and x-ray documentation of lateral patella tilt and mal-tracking. However, in isolation, use of this procedure for treatment of pain related to chondromalacia has yielded inconsistent results. Distal realignment of the extensor mechanism (e.g. tibial tubercle osteotmoy) may be indicated in some patients with mal-tracking associated with underlying patellofemoral cartilage disease/osteoarthritic change. There are several technuiques. Each technique has its own unique set of surgical indications. However, the precise technique is not indicated by the records provided. Presently, the request for tibial tubercle osteotomy with lateral lengthening of the lateral retinaculum with possible cartilage restorative procedure is not supported by compelling clinical history of failed conservative treatments for patellofemoral arthrtis. Furthermore, the procedure is not supported by compelling exam evidence (i.e. of improvement with McConnell Patella Taping techniques). Finally, there is not compelling imaging evidence of patella mal-tracking/ instability (i.e. no dynamic CT scan, no mention of abnormal tibial tubercle to trochlear sulcus [TT:TG distance]). TT-TG distance is a commonly used measurement for surgical decision-making in patients with patellofemoral malalignment and instability. This measurement has historically been performed utilizing axial CT scans. The employee is suggested to have an increased Q angle , however this measurement is not the best standard pathoanatomic feature that is currently used for indicating the proposed procedure. Trochlear dysplasia, patella alta, an increased tibial tubercle trochlear groove distance of greater than 20 a torn medial patellofemoral ligament and inadequate vastus medialis obliquus are all factors to be considered. Ultimately, based on the documentation provided, the proposed procedure cannot be recognized as medically necessary.