

<b>Case Number:</b>	CM14-0017353		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	04/03/2003
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 61-year-old gentleman, who was injured in work-related accident on 04/03/03, sustaining an injury to the right knee. The records indicate that the claimant has had extensive surgical processes including a total knee arthroplasty, as well as a revision procedure on 09/11/12. At present there are indications that a surgical process took place again on 02/25/14 for a diagnosis of chronic right patellar subluxation status post revision surgery where a patellar realignment medial reefing, with lateral retinacular release, synovectomy of the claimant's previously replaced right knee took place. The preoperative assessment of 01/24/14 indicated subjective complaints of pain about the knee, with continued crepitation and pain with bending. Motion was from 2 to 108 degrees with no instability. There was 4/5 strength noted about the quadriceps. Further preoperative physical findings were not noted. The imaging including recent radiographs demonstrated well positioned implant, with no documentation of acute hardware failure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE EXPLORATION, PATELLA REALIGNMENT, TIBIAL TUBERCLE OSTEOATOMY, LINEAR EXCHANGE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome (PFS), long-term improvement has not been proved and its efficacy is questionable. Severe patellar degeneration presents a problem not easily treated by surgery. In regards to patellofemoral complaints, the guidelines typically only recommend the role of lateral arthroscopic releases in cases of recurrent subluxation, with procedures for degenerative changes of the kneecap otherwise not supported. This individual has already undergone arthroplasty with examination, showing stable range of motion and no documented instability. The specific request for the patella realignment and tibial tubercle osteotomy would not have been supported.