

Case Number:	CM14-0153762		
Date Assigned:	09/23/2014	Date of Injury:	07/19/2012
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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 50-year-old gentleman who was struck in the right arm and leg by a bucket on an excavator on 07/19/12. Medical records provided for review specific to the claimant's right knee included the 08/04/14 progress report noting complaints of pain for the diagnosis of advanced degenerative arthritis. The report documents that the claimant has failed conservative care including medications, injections, activity modification and work restrictions. Physical examination findings were not documented at that date. Review of claimant's imaging showed significant degenerative arthrosis to the patellofemoral joint and medial femoral condyle. A Maquet procedure was recommended as the treating provider indicated the claimant would benefit from this type of osteotomy procedure opposed to total joint arthroplasty. The records documented that the claimant had prior knee arthroscopy with medial meniscectomy and tricompartmental debridement in July 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maquet Procedure (right 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, Knee & Leg procedure summary Osteotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Maquet procedure. A retrospective review - Wheelless' Textbook of Orthopedics, online.

Decision rationale: Based on California MTUS ACOEM Guidelines, a Maquet procedure or realignment procedure of the patellar tendon would not be supported. While this individual was noted to have a fair degree of underlying patellofemoral arthrosis, there is also a significant end stage component to his medial compartment, which would not be addressed by the above mentioned procedure. It is documented that all avenues of care have been recommended prior to consideration of arthroplasty; the isolated use of a tibial tubercle osteotomy for this individual would not be supported as medically necessary given his significant, advanced, underlying medial compartment disease, which would not be addressed by the above procedure. The request is not medically necessary.