

Case Number:	CM14-0154457		
Date Assigned:	09/24/2014	Date of Injury:	06/20/2011
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 New York. 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 injured worker is a 57-year-old female with a date of injury of July 20, 2011. The injured worker has continued right knee pain. She has difficulty going up and down stairs. X-rays show patellofemoral arthritis. Patellofemoral placement surgery has been recommended. The injured worker has had Visco supplementation injections. She continues to have pain despite conservative measures including activity modification, physical therapy, cortisone injections and NSAID medication. On physical examination she has crepitus in the patellofemoral joint with range of motion. The knee is stable. Injured worker had arthroscopy in 2012 that showed chondromalacia of the undersurface of the patella and trochlea groove. MR arthrogram showed grade 2-3 chondromalacia of the knee cap. At issue is whether patellar replacement surgery medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Patellofemoral Replacement Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Indications for surgery Knee Arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter, MTUS Knee Pain Chapter.

Decision rationale: This injured worker does not meet establish criteria for patellofemoral placement surgery. Specifically the MR arthrogram from April 2014 shows mild grade 2 chondral degeneration along the patella and trochlea. There is no imaging evidence of the medical records that show full-thickness patellofemoral chondral loss. In addition conservative measures have not been thoroughly tried and failed in a recent timeframe. The only reason measured as documented as Visco supplementation injections. There is no indication of recent physical therapy for knee pain. There is no documentation of specific functional limitations that the injured worker has because of her knee pain. There is no documentation of knee loss of motion. Recent MR arthrogram documents only grade 2-3 chondromalacia without evidence of full-thickness cartilage loss. At this time criteria for patellofemoral joint replacement is not supported. The request for Right Patellofemoral Replacement Surgery is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

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.

Inpatient stay for 1-2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital length of stay (LOS) guidelines

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.

Front wheel walker: 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 (Acute & Chronic)

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.

12 Post -Op Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

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.