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| Case Number: | CM14-0157427 | | |
| Date Assigned: | 09/30/2014 | Date of Injury: | 06/19/1995 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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:

This 58-year-old male sustained an industrial injury on 6/19/1995. The mechanism of injury was not documented. Past surgical history was positive for bilateral total knee replacements, and right patellar tendon reconstruction and shortening. The injured worker underwent right revision total knee arthroplasty on 2/5/13 and left revision total knee arthroplasty on 9/5/13. The 7/17/14 treating physician report indicated that the injured worker was having his knee evaluated by a joint specialist for a patellar tendon rupture with some retained hardware that is symptomatic. He could not extend the knee. The 8/8/14 orthopedic report cited right knee and anterior shin pain. Right knee exam documented antalgic gait, anterior soft tissue swelling, effusion, and tenderness over the patellar tendon and anterior shin. Range of motion was 50 to 90 degrees, and extension strength was 2/5. Patellar grind and inhibition tests were positive. Patella Alta was noted. The treatment included right patellar tendon reconstruction with possible iliotibial band (ITB) tendon graft and stem cell injection in lieu of allograft extensor mechanism reconstruction. The 8/29/14 utilization review denied the right knee surgery and associated requests as there was no recent imaging showing a surgical lesion in the right knee and limited documentation of conservative measures attempted to address the right knee after the most recent surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right Patella Tendon Reconstruction with A Possible ITB Tendon Graft and Stem Cell Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC - Patellar Tendon Repair & Stem Cell Autologous Transplantation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Patella Tendon Repair; Stem Cell Autologous Transplantation

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have "activity limitations for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee." The Official Disability Guidelines generally recommend patellar tendon repair for full tears. Non-surgical treatment is recommended for partial tears, including bracing and physical therapy. Stem cell injections are reported under study for advanced degenerative arthritis, post-meniscectomy and microfracture chondroplasty. Guidelines indicate that these treatments remain experimental, and state that techniques are inconsistent and should be limited to randomized controlled clinical trials. Guideline criteria have not been met. There is no imaging evidence in the file to support the medical necessity of surgical intervention. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Stem cell injections are considered under study and not supported by guidelines. Therefore, this request is not medically necessary.

Physical Therapy 12 Sessions: Upheld

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

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.

Cold Therapy 1 Month Rental, Right Knee: Upheld

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

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.