

Case Number:	CM14-0059025		
Date Assigned:	07/09/2014	Date of Injury:	10/24/2013
Decision Date:	09/25/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 patient has a date of injury October 24, 2013. The patient reports persistent pain and weakness of the left quadriceps despite physical therapy. The patient reports that the left leg sometimes gives out. The patient weighs 222 pounds. On physical examination has a normal gait. Quadriceps activity with leg extension shows early fatigue. There is a palpable defect proximal to the knee in the vastus medialis tendon. The patient has been diagnosed with partial rupture of the left quadriceps tendon. X-rays of the knee show no evidence of fracture or dislocation. MRI the left knee documents less than 50% tear of the medial rectus femoris tendon. At issue is whether surgical repair is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Repair of the Left Quadriceps: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg: Quadriceps Tendon Repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG knee pain chapter.

Decision rationale: This patient needs ODG established criteria for quadriceps tendon repair. The patient has MRI evidence of a tear in the quadriceps tendon. The patient has exhausted physical therapy. The patient continues to have weakness in the leg. Physical exam and imaging studies support the diagnosis. The ODG criteria support surgical repair of the quadriceps tendon in cases where the tendon was partially torn and physical therapy has been exhausted. This patient meets establish criteria for tendon repair. Such as, surgical repair of the left quadriceps is medically necessary.