

Case Number:	CM14-0066551		
Date Assigned:	07/11/2014	Date of Injury:	06/08/2009
Decision Date:	08/28/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/09/2014

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 Texas. 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 47-year-old female who reported injury on 06/08/2009. The prior treatments included physical therapy and prescription medications. The mechanism of injury was not provided. The injured worker underwent an MRI of the left knee on 07/16/2013, which revealed a superior and lateral Hoffa's fat pad altered signal with slight lateral patellar subluxation which raised the possibility of chronic patellar tracking abnormality/Hoffa's fat pad impingement syndrome. There was a segmental low grade partial thickness tear of the patellar tendons and proximal fiber. This is likely associated mild chondromalacia patella. The medial and lateral meniscus was intact. There was no significant medial or lateral compartment articular cartilage loss. The posterior cruciate ligament was intact as were the medial collateral and fibular collateral ligaments. There was no significant joint effusion. There were no popliteal cysts or osseous lesion and there was no soft tissue mass. The documentation of 02/05/2014 revealed subjective complaints of bilateral knee pain. The injured worker complained of an inability to walk without pain. The injured worker complained of a grinding in the right knee of the patella. The injured worker had range of motion that was limited and painful upon bilateral knee flexion. The injured worker had a positive McMurray test on the left but it was negative on the right. The diagnoses included left knee chondromalacia patella, left knee patella dislocation as well as a partial tear of the patella tendon in the left knee, and right knee sprain/strain secondary to the left knee surgery. The treatment plan included a continuation of physical therapy, weight loss, and a follow up with her primary treating physician. Additionally, there was documentation that the injured worker should have a referral to an internal medicine specialist regarding her hyponatremia state as the injured worker was complaining of increasing signs and symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee surgery, for the repair of patellar tendon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Patellar tendon repair.

Decision rationale: The MTUS ACOEM guidelines indicate that a referral for surgical consultation may be appropriate for injured workers who have activity limitation for more than one month and documentation of a failure of an exercise programs to increase range of motion and strength of the musculature around the knee. Additionally a lateral arthroscopic release may be indicated in some cases of recurrent subluxation of the patella but surgical realignment of the extensor mechanism may be indicated in some injured workers. However, they do not specifically address patellar tendon repair. As such, secondary guidelines were sought. The ODG indicates that patellar tendon repair is recommended for all full tears. The clinical documentation submitted for review indicated the injured worker had a low grade partial thickness tear of the patellar tendon. There was a lack of documentation of recurrent subluxation. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for left knee surgery for the repair of patellar tendon is not medically necessary.

Pre-op clearance: 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.

Post-op 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.

Physical therapy, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The MTUS guidelines recommend physical medicine for myalgias and myositis for 9 to 10 visits. The request submitted failed to indicate the body parts being treated with physical therapy. There was a lack of documentation indicating the quantity of sessions that had been previously participated in. There was a lack of documentation indicating objective functional deficits remaining to support the necessity for additional therapy. Given the above, the request for physical therapy, 8 sessions is not medically necessary.