MAXIMUS Federal Services

Case Number:	CM14-0070225		
Date Assigned:	07/16/2014	Date of Injury:	09/01/2013
Decision Date:	08/14/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 injured worker is a 46 year old female who slipped on a wet floor and fractured her left patella on September 1, 2013. On September 11, 2013, the patient underwent open reduction internal fixation of the comminuted left patellar fracture using fiber wire and screws. On December 18, 2013, due to arthrofibrosis and patellar chondromalacia, the patient underwent knee arthroscopy- lysis of adhesions, chondroplasty and lateral release of the patella. Grade 3 and 4 chondromalacia of the patella was noted in the operative report. The patient's range of motion has improved but she continues with pain despite therapy, corticosteroid injection and surgery. The request is for hardware removal of the left patella, labs, cold therapy unit, continuous passive motion (CPM) machine and post-operative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left PF JV hardware removal: 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 And Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: In multiple progress notes from the treating orthopedic surgeon, crepitance and chondromalacia are discussed along with potential need for hardware removal and patellar resurfacing. On the April 9, 2014 visit, the diagnosis is advanced degenerative joint disease secondary to patellar fracture. The treating surgeon states, Simple hardware removal will not improve symptoms of degenerative disease of the patellofemoral joint alone without resurfacing option. The request for hardware removal of the left knee alone is not medically indicated as it has not been demonstrated that the pain is directly from the hardware but instead due to the post traumatic arthritis.

Assistant Surgeon: 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 And Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The requested left knee surgery for hardware removal not medically indicated therefore request for assistant surgeon also not indicated.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Labs (not specified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The requested left knee surgery for hardware removal not medically indicated therefore request for labs also not indicated.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cold Therapy Unit Purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The requested left knee surgery for hardware removal not medically indicated therefore request for cold therapy also not indicated.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Continuous Passive Motion (CPM) Machine (rental or purchase not specified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The requested left knee surgery for hardware removal not medically indicated therefore request for CPM machine not indicated.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative Physical Therapy Left Knee (frequency and duration not specified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The requested left knee surgery for hardware removal not medically indicated therefore request for post operative therapy also not indicated.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.