

<b>Case Number:</b>	CM14-0082890		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 patient is a 22-year-old gentleman who injured his right knee on 09/23/11. The medical records provide for review document that the claimant failed conservative care and underwent right knee arthroscopic lateral retinacular release on 01/22/14. Postoperative assessment continues to identify pain, with recent examination showing tenderness, a small joint effusion, patellar crepitation and 0-125 degrees range of motion. The postoperative course of care has included physical therapy and activity modifications. Based on failed conservative care, the recommendation was made for medial patellofemoral ligament reconstruction. The medical records do not contain any postoperative imaging reports; the report of the preoperative MRI dated 02/24/12 identified lateral patellar subluxation with early chondral change to the patella.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee reconstruction of the medial patellofemoral ligament and assistant surgeon:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Wheelless' Textbook of Orthopedics.

**Decision rationale:** California MTUS and ACOEM Guidelines do not address this request. When looking at the orthopedic literature review, medial patellofemoral ligament repair would not be indicated. The operative assessment and planning before the operative procedure would include an MRI scan that shows evidence of femoral avulsion of the MPFL. While this individual is noted to have a prior history of patellofemoral subluxation and is now status post a lateral retinacular release, there is no current documentation of continued disruption to the medial patellofemoral ligament to support the need for surgical repair. Therefore, the request for medial patellofemoral ligament repair cannot be supported. In light of the fact the surgery is not recommended, the request for an assistant surgeon would also not be medically necessary.