

Case Number:	CM14-0083104		
Date Assigned:	07/21/2014	Date of Injury:	06/11/2009
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	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 45 year old female who sustained an industrial injury on 6/11/2009. She twisted the right knee. The right knee and low back are the accepted body parts. The patient underwent prior open reduction internal fixation (ORIF) of the right knee with partial patellectomy in 1994. She also underwent prior right knee chondroplasty and partial medial and lateral meniscectomy in 2005. She is status post right total knee arthroplasty on 3/31/2011, status post repair of torn extensor retinaculum, fracture patella on 5/7/2011, and status post removal of implant right patella on an unspecified date. The patient was presented for orthopedic follow up on 5/12/2014 regarding complaint of moderate right knee pain. She continues to experience activity related pain. She reports having knee extension weakness that seems to be getting worse. Symptoms are described as dull, achy soreness. Pain is worse with walking, prolonged standing, stairs, kneeling/squatting, and at night and end of the day. Physical examination reveals mild atrophy in the right quadriceps, small joint effusion, mild tenderness at the pes anserinus bursa and inserts areas, slightly decreased motion, and slightly decreased extension of the right knee. Diagnoses are non-union of inferior of inferior pole of patella fracture (right patella, now more displaced than last year); open fracture of patella (right knee, 5/6/11, status post incision and drainage and ORIF, with subsequent hardware removal procedure); status post total knee arthroplasty procedure (right knee, 3/31/11, now healed with good functional result); pes anserinus bursitis (mild, right knee); morbid obesity (BMI 35). Surgical recommendation is repair non-union of inferior pole patellar fracture/non-union with probable quadriceps plasty procedure. The patient had a follow-up evaluation on 5/21/2014 regarding complaint of moderate right knee pain. She continues to experience activity related pain. She reports having knee extension weakness that seems to be getting worse. Symptoms are described as dull, achy soreness. Pain is localized over the anterior patellofemoral region. She has normal well-

coordinated tandem gait. Per the right knee x-ray of 10/29/13 revealed mild osteopenia, total knee replacement component are concentrically reduced (within normal limits), patella is tracking centrally in the femoral trochlear groove and a moderate patellar alta deformity is present, fracture type - old displaced, inferior pole of the patella fracture/non-union is present. The inferior pole is gapping by a full centimeter from the main body of the patella; all other bony and soft tissue landmarks are otherwise unremarkable. Surgical recommendation is repeat repair non-union of inferior pole patellar fracture/non-union with probable quadriceps plasty procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair Non-Union of Inferior Pole Patellar Fracture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to the CA MTUS ACOEM guidelines, referral for surgical consultation may be indicated for patients who have: activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. In the case of this patient, she complains of worsening pain and weakness on extension. The medical records do not detail a recent course of conservative care for the right knee, such as exercise/physical therapy with instruction in HEP, activity modification, and palliative modalities and/or analgesics to improve pain level. In addition, the medical records do not reveal current diagnostic imaging revealing a clear surgical lesion likely to benefit from surgical intervention. In absence of failure and/or exhaustion of conservative and less evasive interventions, clinically significant objective findings as well corroborative surgical lesion demonstrated on imaging, the medical necessity of surgical intervention has not been established.

Non-Union With Probable Quadriceps Plasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to the CA MTUS ACOEM guidelines, referral for surgical consultation may be indicated for patients who have: activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. In the case of this patient, she complains of worsening pain and weakness on extension. The medical records do not detail a recent course of conservative care for the right knee, such as exercise/physical therapy with instruction in HEP, activity modification, and palliative modalities and/or analgesics to improve pain level. In addition, the medical records do not reveal current diagnostic imaging revealing an actual surgical lesion likely to benefit from surgical intervention. In absence of failure and/or exhaustion of conservative and less evasive interventions, clinically significant objective findings as well corroborative surgical lesion demonstrated on imaging, the medical necessity of surgical intervention has not been established.

