

Case Number:	CM15-0014859		
Date Assigned:	02/24/2015	Date of Injury:	12/02/2013
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 43 year old male, who sustained an industrial slip and fall injury reported on 12/2/2013. He has reported right upper leg pain, with thigh cramping. The diagnoses were noted to have included right quadriceps tear, and chronic rectus femoris and back pain. Treatments to date have included consultations; stated diagnostic urine and stated magnetic resonance imaging study of the leg without the objective interpretation attached; work restrictions, 8 unsuccessful physical therapy sessions; and medication management. The work status classification for this injured worker (IW) was noted to be working full duty status. Exam note 1/12/15 demonstrates complaints of right upper leg pain with cramping in the thigh. Report of popeye sign over the quadriceps tendon. No formal MRI report of the thigh is available for review. On 1/15/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/13/2015, for: right knee arthrotomy with quadriceps repair with pre-operative clearance and initial post-operative physical therapy 2 x a week x 3 weeks, right knee; and post-operative DME: thigh high ted hose stocking, crutches, DJT-Rom brace ; right knee, and a cold therapy unit with knee pad ; right knee. The right knee arthrotomy with quadriceps repair was denied due to lack of diagnostic proof for surgery, therefore all of the following requests pertaining to the surgery have also been denied. The Medical Treatment Utilization Schedule, the American College of Occupational and Environmental Medicine nor the Official Disability Guidelines address the surgery, so the ncbi.nlm.nih.gov website for arthrotomy of the knee-joint by Henry Milch MD and victor Raisman MD, clinical outcomes after repair of quadriceps tendon rupture by Ciriello, Gudipati, Soucacos, & Giannoudis, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthrotomy with quadriceps repair: Upheld

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

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1390141/pdf/annsurg00565-0119.pdf>,

Arthrotomy of the Knee- Joint, Henry Milch, MD and Victor Raisman, MD,

<http://www.ncbi.nlm.nih.gov/pubmed/22959496>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg,

Quadriceps tendon repair.

Decision rationale: CA MTUS/ACOEM is silent on the issue of quadriceps tendon repair. Per the ODG, Knee and Leg section, Quadriceps tendon repair, it is recommended after a full thickness tear. As the exam note from 1/12/15 does not include a formal MRI report of the thigh, the guidelines have not been met. Therefore the determination is for non-certification.

Pre-op medical clearance: Upheld

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

<http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

18 sessions of initial post op physical therapy for right knee: Upheld

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, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op thigh high ted hose stocking, right knee: Upheld

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, Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Venous thrombosis.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op crutches: Upheld

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, Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Walking aids.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post op DJ T-Rom brace, right knee: Upheld

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, Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, DME.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op cold therapy unit, right knee: Upheld

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, Continuous flow-cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Continuous flow cryotherap.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op knee pad, right knee: Upheld

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Continuous flow cryotherapy.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.