

<b>Case Number:</b>	CM15-0019554		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 68 year old female, who sustained an industrial injury on August 20, 2011. The diagnoses have included joint knee pain symptomatic. Treatment to date has included right knee replacement, extensor mechanism failure, allograft reconstruction and failure of that with an avulsion of the partial portion of the bony attachment of the patellar tendon, right knee Open Reduction and Internal Fixation, X-ray on December 16, 2014 revealed avulsed fragment is about in the same position and oral medications for pain. Currently, the injured worker complains of right knee pain and not getting any better, the pain is around the tibial tubercle region some is in the medial retinacula region and feels like the leg gives out a lot both into flexion and extension. In a progress note dated December 16, 2014, the treating provider reports right knee has a well healed scar, obvious prominence as there has been near the tibial tubercle tenderness with palpation. On December 30, 2014 Utilization Review non-certified a twelve post-operative physical therapy sessions right knee, and right knee removal of loose bodies, noting, Official Disability Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) right knee removal of loose bodies:** 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 and 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, Loose body removal.

**Decision rationale:** CA MTUS/ACOEM and ODG Shoulder section is silent on the issue of loose body removal. An alternative guidelines was selected which is ODG Knee and Leg chapter regarding loose body removal. It recommends removal of loose bodies when there is a failure of conservative treatment but not when treatment of osteoarthritis is primary indicator. In this case the exam note from 12/16/14 does not demonstrate evidence of failure of conservative management to warrant the surgical procedure. Therefore the determination is for non-certification.

**12 post-operative physical therapy sessions:** 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), Physical Medicine.

**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.