MAXIMUS Federal Services

Case Number:	CM15-0147090		
Date Assigned:	08/10/2015	Date of Injury:	08/20/2011
Decision Date:	09/29/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/29/2015

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, Indiana, Oregon
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 69 year old female, who sustained an industrial injury on 8-20-2011. She reported pain in her right leg. Diagnoses have included right knee degenerative joint disease, osteoarthritis, medial meniscus tear and lateral meniscus-anterior horn tear. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), crutches, right knee surgery and medication. According to the progress report dated 6-8-2015, the injured worker complained of right knee pain. She reported that her right knee would buckle and pop. She ambulated with the assistance of a cane. She was taking Norco for pain. Exam of the right knee revealed laxity on anterior-posterior drawer test. Authorization was requested for right knee extensor mechanism reconstruction with complete extensor allograft and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee extensor mechanism reconstruction with complete extensor allograft: 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 chapter, patellar tendon repair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Leopold, Major Seth S., et al. "High Rate of Failure of Allograft Reconstruction of the Extensor Mechanism after Total Knee Arthroplasty." The Journal of Bone & Joint Surgery 81.11 (1999): 1574-9.

Decision rationale: CA-MTUS/ACOEM are silent on extensor mechanism reconstruction with allograft. ODG is silent as well. Alternative evidence is referenced. The worker has an extensor mechanism rupture in the setting of TKA and a prior allograft reconstruction. There is continued disability. An MRI of the current status of the extensor mechanism is referenced, but the official report not provide. The literature above references poor outcomes for the procedure requested and the worker has failed on allograft reconstruction already. In the absence of quantifiable tendon involvement from an official MRI report and the poor outcome expected from the requested procedure, it is not medically necessary.

Associated surgical services: Surgical Assistant: Upheld

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

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.

Associated surgical services: In-patient stay, 2 nights: Upheld

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

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.

Associated surgical services: Front wheel walker: Upheld

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

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.

Associated surgical services: Commode, 3-1, purchase: Upheld

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

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.

Associated surgical services: Post-operative physical therapy 12 visits: Upheld

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

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.