

Case Number:	CM15-0187939		
Date Assigned:	10/06/2015	Date of Injury:	08/25/2014
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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 female individual who sustained an industrial injury on 8-25-14. She is not working. The medical records indicate that the injured worker is being treated for right knee stiffness; right knee painful hardware or patellar sutures. She currently (8-28-15) complains of right knee pain. Physical exam revealed trace effusion, one quarter lateral translation of the right patella versus a three quarter lateral translation of the left patella. In the 8-3-15 note the injured worker's pain level was 5 out of 10. There was popping and cracking sounds and she had full range of motion, locking of the knee on physical exam. Diagnostics were MRI (7-2-15) showing previous surgery. Treatments to date included medications; brace; physical therapy post-operative for past 6 month without benefit; right knee surgery (2-6-15). The request for authorization was not present. On 9-1-15 Utilization Review non-certified the requests for right knee diagnostic arthroscopy, medial patellofemoral ligament reconstruction and possible revision with semitendinosis allograft and "associated services".

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee diagnostic arthroscopy, medial patellofemoral ligament reconstruction and possible revision with semitendinosis allograft: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and Other Medical Treatment Guidelines Akhtar, M. A., et al. "FUNCTIONAL OUTCOMES FOLLOWING MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION FOR PATELLAR INSTABILITY." Bone & Joint Journal Orthopaedic Proceedings Supplement 97.SUPP 8 (2015): 4-4.Howells, N. R., et al. "Medial patellofemoral ligament reconstruction A prospective outcome assessment of a large single centre series." Journal of Bone & Joint Surgery, British Volume 94.9 (2012): 1202-1208.

Decision rationale: CA MTUS/ACOEM is silent on MPFL reconstruction. ODG is silent as well. Alternative references are utilized. MPFL reconstruction is a predictable surgery in patients with patellar instability. In the cited literature, revision surgery is reserved for continued instability. In this case, there is no evidence of recurrent or continued instability to warrant a revision of the MPFL reconstruction. The request is not medically necessary.

Associated surgical service: Assistant surgeon: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op medical clearance: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

18 Post-op physical therapy visits for the right knee, 3x6: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Purchase of knee immobilizer: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Purchase of thigh high ted hose stocking: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Purchase of crutches: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Vascutherm unit: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Purchase of knee pad: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.