

Case Number:	CM15-0188691		
Date Assigned:	09/30/2015	Date of Injury:	11/14/2011
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Physical Medicine & Rehabilitation

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 66 year old with a date of injury on 11-14-2011. The injured worker is undergoing treatment for osteoarthritis, involving the lower leg, and ruptured quadriceps, right knee. Physician progress notes dated 07-02-2015 to 08-20-2015 documents the injured worker was developing a defect in the quadriceps where there may be a tear of the quadriceps. In the note dated 08-20-2015 the area appears worse. It appears that she has somewhat ruptured the distal quadriceps. The defect is about the proximal patella and more proximal to it. It is tender and painful to palpation. Otherwise the knee replacement works rather well. She has full extension and good flexion to 100 degrees. She had a recent injection that did not lessen the pain. Surgery was recommended and she wishes to proceed. Treatment to date has included diagnostic studies, medications, cortisone injections, status post right total knee replacement. On 09-01-2015 Utilization Review non-certified the request for repair of ruptured quadriceps, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of Ruptured Quadriceps, Right Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg (Acute and Chronic).

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 Leg (Acute and Chronic) Chapter, under Quadriceps Tendon Repair.

Decision rationale: The patient presents with right knee pain. The request is for Repair of ruptured quadriceps, right knee. Patient is status post right total knee replacement, 11/25/14. Examination to the right knee on 07/29/15 revealed a full extension and flexion at 90 degrees. Per 08/25/15 Request for Authorization form, patient's diagnosis includes DJD/knee Tib Fib Patella. Patient's work status was not specified. ODG Guidelines, Knee and Leg (Acute and Chronic) Chapter, under Quadriceps Tendon Repair states: Recommended after a full thickness tear. Rupture of the quadriceps tendon is an uncommon yet serious injury requiring prompt diagnosis and early surgical management. It is more common in older (>40 years) individuals and sometimes is associated with underlying medical conditions. In particular, bilateral spontaneous rupture may be associated with gout, diabetes, or use of steroids. Clinical findings typically include acute pain, impaired knee extension, and a suprapatellar gap. Imaging studies are useful in confirming the diagnosis. Although incomplete tears may be managed non-surgically, complete ruptures are best treated with early surgical repair. (Ilan, 2003) Most small, partial tears respond well to nonsurgical treatment, including immobilization using a knee brace, and physical therapy with specific exercises to restore strength and range of motion. Surgery is also an option for people with partial tears who also have tendon weakness and degeneration. The patient is status post right total knee replacement, 11/25/14. Per 07/02/15 progress report, examination of the knee replacement proximal to the patella implant showed what appeared to be almost a minimal defect in the quadriceps where it may have separated medially and laterally, and there may be a partial tear of the quadriceps itself. Patient's x-rays from 07/02/15 showed the prosthesis components were in alignment and intact; there was lucency between the tibia component and the lateral plateau; there was no significant joint effusion; there was severe diffuse soft tissue atrophy. ODG Guidelines recommend quadriceps tendon repair after a full thickness tear but state that most small, partial tears respond well to non-surgical treatment, including immobilization using a knee brace and physical therapy with specific exercises to restore strength and range of motion. It does support it as an option for people with partial tears who also have tendon weakness and degeneration which appears to be the case in this patient. The request is medically necessary.