

Case Number:	CM15-0036058		
Date Assigned:	03/04/2015	Date of Injury:	01/27/2006
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 52 year old female who sustained a work related injury on January 27, 2006, injuring her right knee after falling on cement. She was diagnosed with knee strain, and lumbago. She underwent two knee replacements and a right knee meniscectomy. Treatment included anti-inflammatory drugs and pain medications and topical pain gels. Currently, the injured worker complained of persistent knee pain and discomfort after a recurrent fall in September, 2014. Exam note 1/6/15 demonstrates improvement of right ankle with right knee pain. Report of prior rupture of infrapatellar tendon. Exam demonstrates moderate flexion at 75-100 degrees. On February 17, 2015, a request for an inpatient right knee reconstruction of infrapatellar tendon using allograft and a request for preoperative clearance including electrocardiogram (EKG), labs and chest x ray was non-certified by Utilization Review, noting the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee reconstruction of infrapatellar tendon using 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 & Leg, Patellar tendon repair and <http://www.ncbi.nlm.nih.gov/pubmed/7673903>.

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, Patellar tendon repair.

Decision rationale: CA MTUS/ACOEM is silent on the issue of patellar tendon repair. According to the Official Disability Guidelines, Knee and leg, Patellar tendon repair is recommended for complete tears. In this case the exam note of 1/6/15 does not demonstrate any imaging evidence of a complete tear of the patellar tendon. Therefore, the determination is for non-certification.

Associated Surgical Services: Pre-operative clearance including EKG, labs, and chest x-rays: 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), Low Back.

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.