

<b>Case Number:</b>	CM15-0043623		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: New York, New Hampshire, Washington  
 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 34 year old male, who sustained an industrial injury on 10/13/2014. He has reported hearing a "pop" and the left knee buckled while doing an agility physical test for work. The diagnoses have included internal derangement of the left knee, tendon rupture-patellar. Treatment to date has included ibuprofen, physical therapy, and a knee brace. Currently, the IW complains of no improvement in left knee pain. The provider documented inability to step, knee, and climb. The physical examination from 1/13/15 documented Range of Motion (ROM) 0-125 degrees, tender medial proximal patellar tenderness. The plan of care included additional physical therapy and possible surgical repair. The provider submitted a letter of necessity documented 2/23/15 that indicated cortisone injection to the left knee are contraindicated and Magnetic Resonance Imaging (MRI) revealed significant partial tear of the patellar tendon not improving after six months of conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy, patellar tendon debridement and repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in

Workers' Compensation (ODG-TWC) Knee and Leg chapters (Acute and Chronic) last updated on 02/05/15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter.

**Decision rationale:** The medical records do not support the need for patella tendon repair. MRI imaging does not show a complete rupture of the patella tendon. Also, there is no significant loss of knee motion documented. ODG criteria for patella tendon surgery not met.