

<b>Case Number:</b>	CM14-0120809		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 38-year-old male with reported industrial injury of 1/9/14. Exam note demonstrates diagnosis of right thigh wound infection. Admission is noted on 2/4/14 for wound exploration and debridement. Exam note 5/5/14 demonstrates report of pain in the thigh and knee. MRI of the knee from 4/13/14 demonstrates moderate soft tissue inflammation medially to knee joint with physiologic fluid within knee and mild patellar tendinosis and intact quadriceps. MRI right thigh 4/28/14 demonstrates soft tissue inflammation change likely residual from infection/injury and inflammation. No full thickness tear is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right thigh tendon repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Indications for surgery

**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, Quadriceps tendon repair

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of quadriceps tendon repair. Per the ODG, Knee and Leg section, Quadriceps tendon repair, it is recommended after a full thickness tear. As the MRI from 4/28/14 does not demonstrate a full thickness tear, the guidelines have not been met and the request for right thigh tendon repair is not medically necessary and appropriate.

**Arthroscopy and debridement of the right knee with chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Meniscectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 5/5/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition, there is lack of evidence in the MRI of the knee of a meniscus tear from 4/28/14. Therefore, the request for arthroscopy and debridement of the right knee with chondroplasty is not medically necessary and appropriate.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons: First Assistant in Surgery in Orthopaedics

**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.

**Post-operative PT for the right knee 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.