

Case Number:	CM14-0184818		
Date Assigned:	11/12/2014	Date of Injury:	07/02/2014
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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:

Patient is a 28-year-old female with a 07/2/14 date of injury. Patient felt a pop in her knee at work, followed by pain. 10/27/14 orthopedic follow-up report states that the patient complains of right knee pain aggravated with attempted full weight-bearing and bending of her knee. Objectively, the patient is using a single crutch as well as an elastic knee support. Right knee-no STS, well localized pain over the superolateral corner of the patella. The range of motion zero to 90 degrees, with pain. No laxity. Assessment: Sprain/strain with pre-existing bipartite patella, now very painful. The plan section states that an anesthetic injection was given over the patella, with immediate pain relief. The patient was prescribed Anaprox and tramadol ER. 08/13/14 right knee MRI concludes a likely old fracture versus bipartite patella involving the lateral superior aspect of the structure. This is described as 2.5 cm x 1 cm bone fragment, adjacent to the main portion of the upper lateral aspect of the patella. Prior report dated 07/27/14 by [REDACTED] states that the x-rays are negative. In contrast, the current requesting orthopedic physician [REDACTED], in his 09/15/14 examination report states that the x-rays of both knees reveal a bipartite patella on the right, left knee normal. The physician also states that the patient has a well localized pain over the superolateral corner of the patella, negative McMurray sign and no gross ligamentous laxity with stress testing. The physician concludes that this is a pre-existing bipartite patella condition which has now become symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision of Bony Fragment of the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, Knee and Leg, Loose Body Removal 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 Chapter, Loose body removal surgery (arthroscopy)

Decision rationale: In regards to the requested procedure, there needs to be a more definitive rationale addressing the differential diagnosis, particularly versus the patellar fracture. There is an discrepancy between prior treating physician's and the current requesting physician's interpretations of the x-rays, as prior report dated 07/27/14 by [REDACTED] states that the x-rays are negative, whereas the current requesting orthopedic physician [REDACTED], in his 09/15/14 examination report states that the x-rays of both knees reveal a bipartite patella on the right. The actual x-ray images and respective radiologic conclusion is not included with the documentation provided. Moreover, there needs to be a description of x-rays of the patient's knee in a squatting position with weight-bearing, which encase of a bipartite patella which show a wider separation of the accessory fragment from the main patella, in comparison with the non-weightbearing views. Due to the lack of the differential diagnosis, and medical necessity is not established and the request of not medically necessary.