

<b>Case Number:</b>	CM15-0120827		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/01/1995
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Minnesota, Florida  
 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 62 year old male who sustained an industrial injury on September 1, 1995. He has reported right knee pain and has been diagnosed with stress fracture of tibial plateau, stress fracture of femoral condyle, and osteoarthritis localized primary lower leg. Treatment has included medical imaging, surgery, and physical therapy. Left knee exam showed tenderness at the medial joint line. The right knee showed tenderness to the medial joint line and medial tibial plateau. There was medial Apley's grind. MRI of the right knee revealed subchondral edema of medial femoral condyle and medial tibial plateau. Degenerative joint disease primarily of medial compartment. The treatment request included right percutaneous fixation of MFC (Medial Femoral Condyle), right knee arthroscopically assisted ORIF of MTP (Medial Tibial Plateau), and assisted surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right percutaneous fixation of MFC (Medial Femoral Condyle), right knee arthroscopically assisted ORIF (Open Reduction Internal Fixation) of MTP (Metatarsal Phalangeal) (subchondroplasty): 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), Treatment in Workers Compensation (TWC), Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee< Topic: Open Reduction Internal Fixation.

**Decision rationale:** California MTUS guidelines do not refer to this issue. ODG guidelines are therefore used. Percutaneous fixation of the medial femoral condyle is recommended as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture or an open fracture with bone protrusion. Open reduction internal fixation is a method of surgically repairing a fractured bone in which surgery is used to reduce or set the fracture fragments and then hardware such as a rod, plate and/or screws is then implanted to hold the reduction in place. In this case, there is no evidence of displacement of the fracture or comminution of the fracture. As such surgery for the stress fracture is not supported by guidelines and the medical necessity of the request has not been substantiated. With respect to sub-chondroplasty and open reduction internal fixation of medial tibial plateau, ODG guidelines recommend ORIF as an option when x-rays indicate a displaced fracture or comminuted fracture or an open fracture with bone protrusion. Open reduction internal fixation is a method of surgically reducing the fractured bone and then hardware is implanted to hold the reduction in place. The documentation does not indicate a displaced fracture and as such, the request for open reduction internal fixation is not indicated. Sub-chondroplasty is not recommended by ODG guidelines. Evidence is limited or lacking for its use in osteoarthritis. As such, the request for open reduction and internal fixation of the medial tibial plateau and sub-chondroplasty is not supported and the medical necessity of the request has not been substantiated.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Open Reduction, Internal Fixation, Subchondroplasty.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.