

Case Number:	CM15-0045345		
Date Assigned:	03/17/2015	Date of Injury:	07/28/2011
Decision Date:	06/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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, Indiana, Oregon
 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 46-year-old male, who sustained an industrial injury on 7/28/2011. Diagnoses include status post left knee patellar tendon repair and arthroscopy with partial patellar tendon tear and tendinopathy in the mid portion. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), surgical intervention of the left knee and medications. Per the Primary Treating Physician's Progress Report dated 2/03/2015, the injured worker reported marked pain and difficulty walking and stairs in the anterior aspect of his knee. Physical examination revealed marked tenderness in the mid portion of his patellar tendon, not really along the sides, a little bit at the distal pole of the patella. The plan of care included surgical intervention and authorization was requested for scope chondroplasty, patella tendon repair of left knee, preoperative appointment with primary care physician, preoperative laboratory evaluation and electrocardiogram (EKG) and physical therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scope Chondroplasty, Patella Tendon Repair of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Patellar Tendon Repair, Chondroplasty.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg the criteria for chondroplasty includes all of the following; conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case, the MRI from 12/22/14 does not demonstrate a clear chondral defect on MRI, which would clearly benefit from surgical intervention. Therefore, the request is not medically necessary.

Pre-Operative Appointment with PCP, H&P, Labs, and EKG: 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 Official Disability Guidelines (ODG) knee.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Physical Therapy (12-sessions): 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 Official Disability Guidelines (ODG) knee.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.