

Case Number:	CM13-0010951		
Date Assigned:	06/06/2014	Date of Injury:	10/04/2012
Decision Date:	07/25/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/14/2013

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 injured worker is a 73-year-old male who reported injury on 10/04/2012. The mechanism of injury was the injured worker was run over by his car due to a failure to place the car in park. Treatment to date included physical therapy times 12, medication, activity modifications, and the left knee arthroscopic partial lateral meniscectomy. The injured worker underwent an MRI of the left knee without contrast, on 11/14/2012, which officially reviewed an anterior root avulsion of the lateral meniscus with displacement of the anterior horn and body into the lateral gutter. There was a root avulsion. There was a complete rupture of the medial collateral ligament from the femoral attachment and a complete rupture of the fibular collateral ligament from the fibular attachment. There was a partial tear of the anterior cruciate ligament. There was a nondisplaced intra-articular fracture of the fibular head. There was contusion without fracture at the lateral rim of the lateral femoral condyle. There was large effusion and there was moderate patellofemoral compartment with mild lateral compartment osteoarthritis. The examination of 07/25/2013 revealed the injured worker had complaints of knee and instability. The injured worker's range of motion was 5 degrees to 120 degrees. Distally the injured worker was neurovascularly intact. The injured worker had a 1+ at the anterior Lachman and anterior drawer. There was minimal laxity to varus or valgus stretching at 0 or 30 degrees. The injured worker underwent weight bearing PA, PA notch, and standing AP views which showed decreased joint space at the lateral compartment of the left knee without bone on bone arthritis. The diagnosis was moderate arthritis left lateral compartment, status post left knee multiligament injury and lateral meniscus tear. The treatment plan included an arthroscopy with a partial lateral meniscectomy, debridement chondromalacia.

IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ARTHROSCOPIC PARTIAL LATERAL MENISCECTOMY
DEBRIDEMENT CHONDROMALACIA: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Chondroplasty.

Decision rationale: The ACOEM Guidelines indicate that for meniscus tear surgery there should be clear signs of a bucket handle tear on examination including tenderness over the suspected tear, but not over the entire joint line and perhaps lack of passive flexion, as well as consistent findings on MRI. This portion of the request would be supported as the injured worker had clear signs of a bucket handle tear on examination including tenderness over the suspected tear and consistent findings on the MRI. However, the ACOEM Guidelines do not specifically address chondroplasty. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that chondroplasty requires conservative care of medication or physical therapy and joint pain and swelling and effusion or crepitus or limited range of motion plus a chondral defect on MRI. The clinical documentation submitted for review failed to indicate the injured worker had swelling and a chondral defect on MRI. As such, this portion of the request would not be supported. This request must be denied in its entirety. Given the above, the request for left knee arthroscopic partial lateral meniscectomy, debridement chondromalacia is not medically necessary.