MAXIMUS Federal Services

| Case Number: | CM13-0015188 | | |
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| Date Assigned: | 10/09/2013 | Date of Injury: | 05/19/2011 |
| Decision Date: | 01/22/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 08/22/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 42-year-old gentleman injured in a work related accident on 05/19/11 while working as a police officer. The injury occurred to the low back and right knee. Specific to the right knee he is status post a right knee arthroscopy and debridement with chondroplasty performed in 2012. A record from 08/07/13 showed continued right knee pain, and it was documented that a recent course of viscosupplementation injections were effective in diminishing the pain. The claimant continues to be with radiating pain to the anterior aspect of the knee and patella that is constant in nature. The physical examination demonstrates slight retropatellar crepitation with tenderness about the anteromedial aspect of the knee, but no lateral joint line pain. Motion was from 8 to 136 degrees. There was moderate atrophy of the thigh. A revision arthroscopy to the knee was recommended for further definitive care given the claimant's continued complaints. Imaging to the knee includes a recent MRI report from 01/24/13 showing resolution of previous popliteal cyst from prior MRI with intrameniscal degeneration, but no meniscal tearing and stable patellar chondromalacia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)--Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates. Knee Procedure - Chondroplasty section and Diagnostic Arthroscopy section.

**Decision rationale:** The claimant's imaging demonstrates evidence of chondromalacia, which would not be considered a lesion that would benefit in the long term with surgical intervention. This is supported by Official Disability Guidelines which goes on to state that chondroplasty "offers no additional benefits to optimize therapy and medical treatment" in regard to knee osteoarthrosis. The surgical request in the absence of imaging documentation of a lesion that would show benefit from this treatment and as such the requested arthroscopy cannot be recommended as medically necessary.

**Vascutherm Intermittent PCD for PVT (Thirty (30) day rental):** 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)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Vasopneumatic devices.

**Decision rationale:** When looking at Official Disability Guidelines, vasopneumatic device for a 30 day rental in this case would not be indicated. The surgical process itself has not yet been supported, thus negating the need for this postoperative device.