

Case Number:	CM13-0020320		
Date Assigned:	12/18/2013	Date of Injury:	04/22/2012
Decision Date:	02/12/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/05/2013

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 claimant is a 25-year-old gentleman who sustained an injury to his left knee in a work related accident on April 22, 2012. Specific to the left knee, there is a report of a prior MRI scan of June 7, 2012 that showed a signal change to the anterior cruciate ligament representing a "strain". Records indicated that the claimant continued to be treated conservatively. A repeat MRI scan in May 2013 showed meniscal degeneration medially, but no focal tearing with chondromalacia of the medial femoral condyle patella. The last clinical follow-up assessment of July 3, 2013 described the claimant with continued low back and bilateral knee complaints with tenderness and limited range of motion of the knee with no other documented findings. Based on the diagnoses from May 2013 MRI, a left knee arthroscopy with "intraarticular surgery and abrasion chondroplasty" was recommended as further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left arthroscopy with intra-articular surgery and limited abrasion chondroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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, and 2013 Updates: knee procedure - Chondroplasty.

Decision rationale: Based on Official Disability Guideline criteria as MTUS Guidelines would be silent, the role of arthroscopy with chondroplasty would not be indicated. ODG states that Chondroplasty is not recommended as primary treatment for osteoarthritic change noting arthroscopic intervention to the knee for arthritis offers no added benefit to physical therapy and conservative modalities alone. The claimant's clinical imaging on two occasions fails to demonstrate internal pathology that would necessitate the role of an operative arthroscopy. Based on the above and lack of documented recent conservative measures, the role of arthroscopy with chondroplasty would not be indicated.