

<b>Case Number:</b>	CM13-0031410		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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:

This patient sustained an injury to the low back, left knee, and left wrist on 4/19/13. The medical records provided for review pertaining to the claimant's left knee included the 10/21/13 progress report documenting a diagnosis of left knee contusion with patellar chondromalacia. It was noted that the claimant was receiving viscosupplementation injections at that time. The report of a left knee MRI dated 7/8/13 showed extensive degenerative changes to the patellofemoral joint with near loss of articular cartilage and no indication of meniscal pathology or further clinical findings. Recommendation was made for left knee arthroscopy with post-operative use of physical therapy and a cryotherapy device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT KNEE ARTHROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Online Edition, Knee Complaints

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - CHONDROPLASTY

**Decision rationale:** The CA MTUS and ACOEM Guidelines do not address knee arthroscopy. Based upon the Official Disability Guidelines, the request for knee arthroscopy for the diagnosis in question would not be indicated. The medical records document that the claimant has degenerative changes of the knee but no indication of internal derangement that would be responsive to an operative process. Given the claimant's underlying degenerative changes, surgical arthroscopy at this stage in the clinical course would not be supported.

**POST OPERATIVE PHYSICAL THERAPY, 9 VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The proposed left knee arthroscopy cannot be recommended as medically necessary. Therefore, the request for nine sessions of therapy would not be necessary.

**POST OP POLAR CARE X 1 WEEK:** 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).

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

**Decision rationale:** The proposed left knee arthroscopy cannot be recommended as medically necessary. Therefore, the request for a cryotherapy device also would not be necessary.