

<b>Case Number:</b>	CM13-0036766		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/18/1997
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 male with industrial injury on 3/18/97. The examination note from 9/24/13 demonstrates chronic sharp right knee pain which was severe. The radiographs demonstrate minimal degenerative joint disease. The MRI of the right knee demonstrates chondromalacia of the patella without meniscal tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right knee diagnostic arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

**Decision rationale:** According to the California MTUS/ACOEM Chapter 13 page 345 regarding patellofemoral syndrome states, "Although arthroscopic patellar shaving has been performed frequently for PFS, long-term improvement has not been proved and its efficacy is questionable. Severe patellar degeneration presents a problem not easily treated by surgery. Patellectomy and patellar replacements in reasonably active patients yield inconsistent results, and the procedures have a reasonable place only in treating patients with severe rheumatoid arthritis or another

rheumatoid condition. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella, but surgical realignment of the extensor mechanism may be indicated in some patients. "In this case the records do not demonstrate medical necessity for a knee arthroscopy for patellofemoral arthritis. Therefore the determination is for non-certification.