MAXIMUS Federal Services

Case Number:	CM13-0040279		
Date Assigned:	12/20/2013	Date of Injury:	04/24/2004
Decision Date:	02/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

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 63-year-old who sustained an injury to the right knee on 04/24/04. The clinical records for review indicated that the claimant was status post an April 2012 surgical arthroscopy and debridement. Recent clinical assessment of 08/30/13 by [redacted], documented continued complaints of pain and stated a repeat MRI scan had shown a chondral injury. Formal review of the scan from 09/05/12 showed evidence of prior arthroscopic changes to the lateral meniscus with no evidence of re-tearing. There was noted to be patellofemoral and lateral tibial plateau chondral change. The surgical arthroscopy report of 04/13/13 stated the claimant did undergo a patellar chondroplasty as well as lateral meniscectomy. At present, there is a request for a repeat surgical arthroscopy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

repeat right knee chondroplasty and debridement: 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), Indications for Sugery, Chondroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Indications for Sugery, Chondroplasty

Decision rationale: California MTUS Guidelines are silent regarding the specific request. When looking at Official Disability Guidelines criteria, the role of a chondroplasty is not recommended as the primary form of treatment for osteoarthritic changes stating that it does not demonstrate benefit when compared to optimized physical therapy or medical treatment alone. The claimant's current clinical presentation that includes previous arthroscopic findings as well as recent MRI scan would not demonstrate a discernible intraarticular lesion that would benefit from the procedure in question. This specific request is not recommended as medically necessary.