

<b>Case Number:</b>	CM13-0041362		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 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 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 61-year-old female who sustained an injury to the right knee in a work related accident on 10/02/12. Previous MRI scan of the right knee dated 01/25/13 showed significant osteoarthritic change and chondromalacia most noted in the medial compartment with medial meniscal tearing and a MCL bursitis. Arthritis was described as moderate to the medial compartment with complete loss of articular surface cartilage. Records indicated that the claimant has failed conservative care in regard to the right knee. A recent orthopedic assessment dated 06/12/13 by [REDACTED] noted continued persistent complaints of pain with the physical examination showing a varus deformity, 2 degree extensor lag, no effusion, 0 to 130 degrees, full range of motion passively, and pain with McMurray's testing. The claimant was diagnosed with osteoarthritis and a diagnostic arthroscopy with possible unicompartment arthroplasty for her medial compartment degenerative changes was recommended. At present, there is a current request for an arthroscopy of the knee with or without a "synovial biopsy."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure.

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of diagnostic arthroscopy for this individual would not be supported. The claimant's clinical imaging demonstrates endstage osteoarthritic change to the medial compartment and tricompartmental changes otherwise. There would be currently no indication for the role of a chondroplasty in this individual as knee arthroscopy for arthritis offers no added benefit to optimize physical therapy and medical treatment alone. The role of the proposed surgical process as requested would not be indicated.