

Case Number:	CM13-0042021		
Date Assigned:	05/21/2014	Date of Injury:	06/23/2009
Decision Date:	07/11/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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 Neurological 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:

The records presented for review indicate this 44-year-old individual was injured on June 23, 2009. Treatment has included osteotomy, lateral release, chondroplasty and an anterior cruciate ligament reconstruction. The current diagnosis is listed as bone and cartilage disorder, chondromalacia (733.9). There are ongoing complaints of left knee pain. An intra-articular injection had been completed with several hours of pain relief. The objective findings noted medial patellofemoral pain to palpation. A repeat arthroscopy to address the chondromalacia was not certified. Maximum medical improvement has been noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT KNEE ARTHROSCOPY FOR MEDIAL PATELLOFEMORAL DEBRIDEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter updated June 5, 2014.

Decision rationale: The MTUS do not identify or address this procedure. Official Disability Guidelines (ODG) notes this procedure is no more efficacious than physical therapy or medical treatment. The decision to perform this procedure has no better outcome than a placebo. Therefore, there is no clinical indication for this procedure and the request is not medically necessary.