

<b>Case Number:</b>	CM13-0053567		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Connecticut, North Carolina and Pennsylvania. 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:

This claimant is a 52-year-old female injured in a work-related accident June 16, 2008. The records for review indicate an injury to the left knee, for which imaging included an April 11, 2013 MRI report that showed mild degenerative bony changes, but no other significant findings. At a follow up orthopedic assessment of September 6, 2013 with [REDACTED], he reviewed radiographs of the claimant's knee demonstrating very mild degenerative changes and a physical examination that showed 0 to 100 degrees range of motion with a normal tracking patella, no medial or lateral joint line tenderness, no meniscal signs, and tenderness to palpation over the patella. He stated that review of imaging did not demonstrate obvious degenerative findings. He believed the claimant's inflammatory change was coming from the synovium and recommended surgical arthroscopy with synovectomy and debridement for further treatment. He indicated at that time that the claimant was with continued complaints of pain about the left knee despite failed conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy, knee, surgical debridement/shaving of articular cartilage (chondroplasty):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The California MTUS guidelines are silent. When looking at Official Disability Guideline criteria, surgical intervention would not be supported. Even when looking at diagnostic criteria for the role of diagnostic arthroscopy, it is only indicated if imaging is "inconclusive." The records in this case indicate imaging to be essentially negative. There is currently at present no documentation of imaging on either radiological findings or MRI scan that would support the acute need of a surgical process to this claimant. This is even when taking into account her recent physical examination findings that show no evidence of mechanical findings or functional deficit to support the role of a surgical process at this chronic stage in the claimant's course of care.