

<b>Case Number:</b>	CM13-0066702		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of June 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier MRI imaging, which, per the claims administrated evidence of chondromalacia with no clear-cut evidence of a meniscal tear; and initial immobilization with crutches. In a Utilization Review Report dated December 5, 2013, the claims administrator denied a request a knee arthroscopy, stating, somewhat incongruously, the applicant had not failed conservative treatment, although the applicant was six months removed from the date of the injury as of the date of the Utilization Review Report. The applicant subsequently appealed. In a handwritten note dated October 9, 2013, the applicant was described as having persistent complaints of knee pain with weightbearing. MRI imaging reportedly demonstrated severe chondromalacia. The applicant stated that tramadol was not helping. Tenderness and limited range of motion about the knee were noted. The applicant was asked to consult a knee surgeon and remain off of work, on total temporary disability. Vicodin was endorsed. On December 5, 2013, it was stated that the applicant had persistent complaints of knee pain, was pending a knee arthroscopy, and again exhibited both painful and limited range of motion about the injured knee. The applicant was given diagnoses of internal derangement of knee and chondromalacia patella. The applicant was asked to continue pain medications and remain off of work, on total temporary disability. Authorization for knee surgery was sought. On November 26, 2013, the applicant's knee surgeon noted that the applicant had had persistent knee pain and swelling, positive McMurray maneuver, and MRI imaging suggesting thinning and fraying of the patellar articular cartilage with subchondral marrow edema. Knee arthroscopy was noted. The applicant was 32 years old, it was stated. The knee MRI in question of September 5, 2013 was notable for severe chondromalacia of patella and a Baker cyst.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LEFT KNEE ARTHROSCOPY:** Overturned

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

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

**Decision rationale:** While the MTUS-Adopted ACOEM Guidelines in Chapter 13, page 345 do acknowledge that the efficacy of surgery for patellofemoral syndrome/chondromalacia patella, the issue present here, is questionable, in this case, the applicant has tried, failed, and exhausted non-operative treatment, including time, medications, crutches, activity modification, etc. The applicant was off of work, on total temporary disability, as of the date of the request. Conservative treatment, including time, medications, observation, etc. had clearly been ineffectual. A surgical remedy was/is therefore indicated, despite the tepid ACOEM recommendation. Therefore, the request is medically necessary.