

Case Number:	CM13-0069142		
Date Assigned:	01/24/2014	Date of Injury:	07/23/2010
Decision Date:	05/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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:

This is a 67-year-old female with a reported injury date of 07/23/10. Specific to the claimant's left knee there is a recent progress report by [REDACTED] from November 14, 2013 indicating ongoing complaints of pain about the left knee. The record documented that recent care has included viscosupplementation injections, prior corticosteroid injection, therapy, medication management, and activity restrictions with limited benefit. Her current working diagnosis is that of chondromalacia patella with objective findings of tenderness along the patellar surface with no gross effusion. The record documented that on the basis of her failed response to conservative care, a surgical arthroscopy with synovectomy was recommended for further definitive care. Imaging in this case includes an MRI report of the left knee dating back to August 4, 2010 showing mild chondromalacia to the patella with no evidence of other recent imaging or MRI scans noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE OPERATIVE ARTHROSCOPY AND SYNOVECTOMY WITH ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation ODG (Knee Chapter)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure

Decision rationale: MTUS guidelines does not specifically address chondroplasty however surgical considerations indicate that there should be activity limitation and failed response to conservative care. When looking at Official Disability Guidelines the requested chondroplasty is specifically addressed. In this case the claimant's imaging is greater than three and one half years old and does not demonstrate significant surgical pathology. The claimant appears to be with isolated degenerative change to the kneecap for which surgical arthroscopy would yield no added benefit than optimization of therapy and conservative measures alone. Based on MTUS and ODG the requested surgical intervention cannot be recommended as medically necessary.