

<b>Case Number:</b>	CM14-0002323		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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, has a subspecialty in Spine 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 Claimant has a date of injury of 7/24/13. Medical report shows failed posterior cruciate ligament reconstruction in 2009. The exam note of 11/7/13 demonstrates slight decrease in range of motion with medial joint line tenderness and report of instability. An MRI on 11/7/13 demonstrates report of chondromalacia patella without evidence of mensicus tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KNEE ARTHROSCOPY /SURGERY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Chondroplasty Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Chondroplasty Section.

**Decision rationale:** According to the Official Disability Guidelines (ODG) state that patients with nonspecific early arthritic changes and/or chondromalacia have not been show to respond favorably to chondroplasty and non-operative treatment is recommended. In this case the MRI

from 11/7/13 does not demonstrates a well circumscribed lesion amenable to surgical intervention. Therefore the determination is not medically necessary or appropriate.