

<b>Case Number:</b>	CM14-0016933		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 is a 40-year-old gentleman who sustained an injury to the right knee on June 4, 2013. The records provided for review document that the claimant had a history of a prior right knee arthroscopic meniscectomy performed in 2012, predating this injury. Since the time of this injury, the claimant has undergone an MR arthrogram which was performed on October 29, 2013 that showed evidence of prior lateral meniscectomy with osteoarthritic changes involving the lateral greater than medial compartments, with full thickness cartilage loss to the lateral compartment. Clinical follow-up of December 20, 2013 documented no change in current complaints of pain. Based on failed conservative care that included physical therapy and anti-inflammatory agents, a diagnostic arthroscopy with chondroplasty and possible microfracture procedure was recommended. A prior physical examination performed on September 10, 2013 showed lateral joint line tenderness, positive patellar compression, full range of motion and no effusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC ARTHROSCOPY, CHONDROPLASTY, SYNOVECTOMY, POSSIBLE MICROFRACTURE, RIGHT KNEE:** 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 Chapter, Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation ODG, Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Microfracture surgery (subchondral drilling).

**Decision rationale:** California ACOEM Guidelines supported by Official Disability Guidelines do not recommend the role of diagnostic arthroscopy, chondroplasty and microfracture. The records document that the claimant has significant degenerative arthrosis to both the medial and lateral compartment as well as a history of prior lateral meniscectomy with significant full thickness cartilage defect through the lateral compartment. ODG Guideline criteria in regards to microfracture indicate that objectively the claimant should have a fully functioning meniscus and ligaments. This individual had a prior lateral meniscectomy and significant diffuse multicompartamental degenerative change. Therefore, the claimant would not be an ideal candidate for the proposed procedure in question. The specific request would not be supported.