

<b>Case Number:</b>	CM14-0116927		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Orthopaedic 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 63-year-old male retired mechanical technician sustained an industrial injury on 5/13/08, relative to repetitive work injuries. The patient was status post right knee arthroscopic medial meniscectomy on 12/10/10, right shoulder arthroscopy on 11/6/08, left shoulder arthroscopy on 3/19/11, and right trigger finger release and carpal tunnel release on 6/26/14. The x-rays of the bilateral knees taken on 3/27/14, showed a very small medial spur, calcific body in the posterior knee, mild medial narrowing, and slight deformity on the right femoral head. A Kenalog injection was provided to the right knee with immediate relief that lasted 2 weeks. The 7/09/14 treating physician report cited constant, severe medial right knee pain that wakes him at night. There was occasional right knee clicking and instability. The right knee physical exam findings documented right limp, no effusion, and right medial joint line tenderness. The right knee range of motion documented extension -10 degrees and flexion 115 degrees. The treatment plan recommended scheduling arthroscopic meniscectomy and debridement when hand surgery heals. The 7/17/14 utilization review denied the request for right knee surgery as there was no MRI scan post-surgery documenting full thickness cartilage lesion or loose body.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopic Chondroplasty, Arthroscopic removal of loose body:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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) Knee and Leg, Chondroplasty, Loose body removal surgery (arthroscopy).

**Decision rationale:** The California MTUS states that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines criteria for chondroplasty includes evidence of conservative care, joint pain and swelling, effusion, crepitus, a limited range of motion, or a chondral defect on MRI. Loose body removal surgery is recommended where symptoms are noted consistent with a loose body, after failure of conservative treatment. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. There is no documentation of swelling. The patient underwent right arthroscopic medial meniscectomy in 2010 with no imaging documented in the post-operative period. There is radiographic evidence suggestive of a loose body with some clicking, but no locking. Therefore, given the failure to meet all guidelines criteria for all requested procedures, this request for right knee arthroscopic chondroplasty and arthroscopic removal of loose body is not medically necessary and appropriate.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Medical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.