

<b>Case Number:</b>	CM14-0132750		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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:

48 year old male claimant with an industrial injury dated 04/12/13. Exam note 07/15/14 states MRI of right knee demonstrates evidence of altered narrow signal intensity in the patella with linear hypo intensity, and bone contusion/edema. There was also low-lying patella, and suggestive of patella baja. In addition, there was evidence of post-operative findings of anterior cruciate ligament reconstruction with no obvious re-tear or impingement. The patient had a grade 3 tear of the body and posterior horn of the medial meniscus, myxoid degeneration of the anterior horn of the medial meniscus and both horns of the lateral meniscus. Exam note 07/29/14 states the patient continues to have right knee pain. In physical exam the patient demonstrated a decreased range of motion, effusion, suprapatellar, and infrapatellar swelling. The patient also had medial and lateral joint line tenderness. Exam note 08/06/14 states the patient is status post a right knee arthroscopy but continues to have ongoing medial/lateral joint pain and weakness of the right knee. There was 2+ swelling in the right lower extremity, and a 2+ quad atrophy. Treatment includes an arthroscopy with lateral and medial meniscectomy as well as chondroplasty, followed by physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chondroplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg section, Chondroplasty.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of chondroplasty. According to ODG Knee and Leg section, Chondroplasty, indications include failure of conservative care with evidence of joint pain or swelling and evidence of objective clinical findings such as an effusion, crepitus or limited range of motion. In addition, there should be evidence of a chondral defect on MRI. In this case the MRI of the knee from 7/15/14 does not demonstrate clear evidence of a chondral defect to warrant knee arthroscopy. Therefore the request is not medically necessary.