

Case Number:	CM14-0151392		
Date Assigned:	09/19/2014	Date of Injury:	04/29/2014
Decision Date:	10/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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 Minnesota. 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 injured worker was attacked by a dog on 04/29/2014 and treated for dog bites of the right knee and right arm. He was then seen for right knee pain and underwent an MRI scan of the knee on 05/26/2014 which revealed mild patellofemoral cartilage wear and degeneration with areas of fraying and partial thickness fissuring but no full thickness defects were noted. The menisci and ligaments were intact. Examination has revealed slight effusion on one occasion and has otherwise been negative except for patellofemoral chondromalacia. McMurray was negative, Gait was normal. There was no swelling and no joint effusion at other times. Lachman and anterior drawer were negative. There was no instability noted. Range of motion was normal. In light of continuing pain a corticosteroid injection was given into the knee. An x-ray of 07/09/2014 was said to be negative. A repeat MRI scan of 08/05/2014 revealed a subtle subcutaneous fat stranding/enhancement on the anteromedial aspect. The report did not mention the patellofemoral chondromalacia. The disputed request is for arthroscopy of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Kne eand Leg Procedure summary last updated 08/25/2014ODG Indications for Surgery - Diagnostic arthroscopy; Criteria for diagnostic arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee; Indications for Surgery: Diagnostic Arthroscopy, Indications for Chondroplasty; Patellofemoral Pain Syndrome.

Decision rationale: The medical records indicate knee pain and grinding with MRI evidence of patellofemoral pain syndrome as evidenced by the presence of areas of degeneration of the articular cartilage and partial thickness fissuring. According to CA MTUS long term improvement from arthroscopic patellar shaving has not been proved and its efficacy is questionable. ODG does not recommend surgery for patellofemoral pain syndrome. Indications for chondroplasty require the presence of a chondral defect which is not seen on any of the MRI scans. There is nothing to suggest a meniscal tear either on the MRI or on clinical examination. The criteria for diagnostic arthroscopy also do not apply. There are no mechanical symptoms of a meniscal tear and the diagnosis is not in doubt. Based upon the above, the requested procedure of right knee arthroscopy is not medically necessary per guidelines.