

<b>Case Number:</b>	CM14-0158813		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Arizona. 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 is a 62-year-old male who sustained an injury on 6/17/2014 when he twisted his right knee on an assisted-living bus. He underwent an MR scan which revealed a tear of the posterior horn of the medial meniscus extending to the inferior articular surface. It also revealed a 6 millimeters osteochondral defect involving the nonweightbearing surface of the medial femoral condyle, and chondromalacia of the patella. In addition, there was thinning of the hyaline cartilage over portions of the medial femoral condyle and mild degenerative bone changes were present involving the lateral femoral condyle. A consultation of 8/6/2014 states the patient complains of constant pain over the medial joint of the right knee which is worse with weightbearing. He cannot squat or fully flex the knee. He has a catching sensation. The right knee lacks 5 to full extension and can flex 120. Patient has medial joint line tenderness with a positive McMurray and positive patellofemoral crepitation. The examiner states the patient has failed a two-month course of rest, ice, medication, bracing, home exercises and alterations of activities and his condition is worse. A request is made for a right knee arthroscopy with partial medial meniscectomy and chondroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy, chondroplasty:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, chondroplasty

**Decision rationale:** The CA MTUS guidelines do not specifically address chondroplasty. However, the ODG recommends it if it meets certain criteria. These include a trial of medication and/or physical therapy to which the patient did not respond; joint pain and swelling which the patient demonstrates; effusion or crepitation or limited range of motion which the patient demonstrates and an MR scan showing a chondral defect which is also present. In addition, this is not being used as a primary treatment for osteoarthritis. Therefore, the patient appears to meet the criteria for a chondroplasty of the knee.