

<b>Case Number:</b>	CM14-0041036		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/23/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 67-year-old female sustained an industrial injury on 7/23/10. The mechanism of injury is not documented. The 1/17/14 treating physician report cited subjective complaints of intermittent grade 8/10 left knee pain. Pain reduced to grade 3/10 with Vicodin which allowed her to be more functional. Daily spasms were managed by Flexeril. Pain increased with standing or walking longer than a few minutes, or sitting longer than 15-20 minutes. She was working full time as a live-in caregiver. Physical exam findings documented left lower extremity extension to 180 degrees and flexion to 100 degrees. The 1/7/14 MRI was reviewed and showed small joint effusion, minimum tri-compartmental arthritis, small tear posterior horn medial meniscus, minimal chronic anterior cruciate ligament changes, distal quadriceps insertion tendinosis, and minimal distal patellar tendon insertional tendinosis. The diagnosis was internal derangement left knee with chondromalacia patella. Left knee operative arthroscopy and synovectomy was recommended and medications were continued. The 3/7/14 utilization review denied the request for left knee operative arthroscopy and synovectomy based on the absence of an adequate physical exam and no official MRI report for review. Records indicate that the patient has tried bracing, hot and cold, activity modification, TENS unit, narcotic pain medications, and muscle relaxants. Hyalgan injections and physical therapy had been tried in the past. There was no MRI report available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee operative arthroscopy and synovectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Diagnostic arthroscopy, Chondroplasty.

**Decision rationale:** The California MTUS do not provide recommendations for surgery in chronic knee conditions. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. The ODG criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not been met. The patient has been diagnosed with internal derangement left knee with chondromalacia patella. There are no current physical exam findings to support the medical necessity of surgical intervention. Range of motion is functional and the patient is working. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for left knee operative arthroscopy and synovectomy is not medically necessary.