MAXIMUS Federal Services

Case Number:	CM14-0068771		
Date Assigned:	07/14/2014	Date of Injury:	07/01/2012
Decision Date:	11/05/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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:

This is a 29 year old male claimant with an industrial injury dated 07/01/12. The medical records were reviewed. The patient is status post physical therapy in which provided no improvement. X-rays of the knees dated 02/12/14 demonstrate mild lateral tilt of the patella bilaterally. MRI of the right knee dated 04/08/14 revealed normal findings but he continuously complained of pain and a popping sensation. Exam note 04/08/14 continues to describe that the patient states he feels something is moving out of place in the anterior aspect of the knee. He is unable to run, and difficulty with stairs. Upon physical exam the patient demonstrated a normal alignment, walked without a limp and minimal effusion. There was evidence of patellofemoral crepitus and mild grind with some snapping along the medial aspect in particularly when he is fully flexed. There was tenderness in the distal pole of the patella by the insertion site of the patellar tendon but no medial or lateral joint line tenderness. The patient had a negative Steinmann, McMurray's and Thessaly test. He also had a negative pivot shift and Lachman's test. The patient has previously failed conservative treatments such as rest, anti-inflammatories, and physical therapy. Treatment includes a right knee debridement of patellar tendon, arthroscopic chondroplasty, and physical therapy sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee arthroscopy surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines; British Journal of Sports Medicine; Wheeless' Textbook of Orthopaedics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: The California MTUS/ACOEM is silent on the issue of chondroplasty. According to the Official Disability Guidelines Knee and Leg regarding chondroplasty, criteria include conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case the MRI from 4/8/14 does not demonstrate a clear chondral defect nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore, the request is not medically necessary.