

Case Number:	CM14-0194373		
Date Assigned:	12/02/2014	Date of Injury:	04/18/2013
Decision Date:	02/09/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/20/2014

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 Sports Medicine, 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:

The injured worker is a 34-year-old female who reported an injury on 04/18/2013. The mechanism of injury occurred while the injured worker was shoveling. She felt a pop in her knee and felt immediate pain. The diagnoses included chondromalacia. Diagnostic studies included an MRI that was performed on 04/16/2014 that revealed a large region of high grade chondromalacia of the patella apex, was mildly progressive compared to the prior study. There was minimal associated subchondral marrow edema. Moderate sized joint effusion. 2 small loose bodies, one noted adjacent to the anterior horn of the lateral meniscus. They were slightly more pronounced than the prior study. Prior treatments included a Synvisc and platelet injection, medication and failed conservative care. The injured worker presented on 10/09/2014 with complaints of knee pain. The physical examination revealed no effusion and moderate to significant patellofemoral crepitus with good tracking of the patella. The treatment plan included possible injection and surgery. The Request for Authorization dated 12/02/2013 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left knee arthroscopy surgery and chondroplasty of the patellofemoral joint using radiofrequency coblation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Chondroplasty.

Decision rationale: The request for 1 left knee arthroscopy surgery and chondroplasty of the patellofemoral joint using radiofrequency coblation is medically necessary. The California MTUS/ACOEM indicate that for patella syndrome, although arthroscopic patellar shavings have been performed frequently, long term improvement has not been proved and its efficacy has been questionable. Patellectomy and patella replacements in patients yield inconsistent results and the procedures have a reasonable place only in treating patients with severe rheumatoid arthritis and other rheumatoid conditions. Chondroplasty is recommended as indicated below. The criteria for a chondroplasty include conservative care, medication or physical therapy, plus objective clinical findings that include joint pain and swelling. Objective clinical findings, which include effusion or crepitus or limited range of motion, plus imaging clinical findings that consist of chondral defect on an MRI. In review of the clinical notes dated 10/09/2014 indicated that the physical exam revealed moderate to significant patellofemoral crepitus, failed conservative care which included Synvisc injections and platelet injections. Therefore the request for the 1 left knee arthroscopy surgery and chondroplasty of the patellofemoral joint using radiofrequency coblation is medically necessary.

1 outpatient facility: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hospital length of stay (LOS).

Decision rationale: The request for 1 outpatient facility is medically necessary. The Official Disability Guidelines indicate for arthroscopic surgery the best practice target with no complications is an outpatient procedure. Therefore the request for outpatient facility is medically necessary.