

Case Number:	CM14-0206539		
Date Assigned:	12/18/2014	Date of Injury:	06/12/1998
Decision Date:	07/21/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

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 67-year-old female, who sustained an industrial injury on 6/12/98. She reported initial complaints of a fall injury. The injured worker was diagnosed as having left knee arthritis, lateral cartilage or meniscal tear; right knee meniscal tear, cartilage irregularity, and cysts. Treatment to date has included status post right knee exam under anesthesia, arthroscopic debridement/partial meniscectomy (7/15/09). Diagnostics included MRI right knee (9//27/07; 3/2/09); MRI left knee (3/2/09; 9/30/14); x-rays right knee (3/29/08). Currently, the PR-2 notes dated 10/29/14 indicated the injured worker came in for the results of her left knee MRI and a discussion reports, "She does in fact have patellofemoral chondromalacia with significant cartilage damage. She continues to complain of random, periodic mechanical symptoms where her patella shifts out of place. She is concerned about this random mechanical occurrence." It was explained to her that "most likely the symptoms are result of the irregular articular cartilage surface. She may very well require arthroscopic intervention however this will not address the underlying arthritis, pain and swelling. Surgical intervention will be primarily to address the mechanical symptoms. She understands. We will proceed with the approval process." The MRI of the left knee dated 9/30/14 impression notes: Considerable globular degenerative signal in the body of the lateral meniscus but no tear; no medial meniscus tear; normal ACL, PCL, MCL and lateral ligaments; Multiple large areas of severe grade 4 chondromalacia on the apex and the lateral facet of the patella with subcortical marrow edema on the apex of the patella. The remainder of the hyaline articular cartilage appears intact; mild degenerative arthrosis in the proximal tibiofibular articulation. The provider has requested a Left knee abrasion chondroplasty or drilling and preoperative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Abrasion Chondroplasty or drilling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Meniscectomy.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG 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 9/30/14 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the request is not medically necessary.

Preoperative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Treatment Workers Compensation- TWC, Low Back Chapter, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.