

<b>Case Number:</b>	CM14-0217456		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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 40-year-old male who sustained an industrial injury on 02/28/10. He reports low back and right knee pain, with radiation of pain, numbness, and tingling along the bilateral lower extremities. Diagnoses include lumbago, lumbar region disc disorder, lumbar radiculitis, degenerative joint disease bilateral knees, internal derangement bilateral knees, patella tendinitis, and status post great toe crush injury with partial amputation. Treatments to date include medication, TENS, physical therapy, and cortisone injections. In a progress note dated 09/23/14 the treating provider recommends pain management consultation, CT scan of the lumbar spine, EMG of the lower extremities, Tramadol, MRI of the left knee, physical therapy for the bilateral knees, and right knee diagnostic arthroscopy. On 12/05/14 Utilization Review non-certified the right knee arthroscopy, citing ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient right knee diagnostic arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of diagnostic arthroplasty. 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 exam from 9/23/14 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent to support surgical care. Therefore the determination is for non-certification.