

Case Number:	CM14-0083846		
Date Assigned:	07/21/2014	Date of Injury:	03/17/2010
Decision Date:	02/11/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/05/2014

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 51 year old male with a work injury dated 03/17 2010. The mechanism of injury is not documented. Follow up visit dated 05/07/2014 documented the injured worker had an "episode of significant locking and catching with the knee painful" while walking. Physical examination noted some crepitation, guarding and pain with McMurray's and terminal extension. MRI of right knee (as documented by the provider) dated 03/13/2014 showed patella-femoral Chondromalacia with no clear ACL tear, meniscal degenerative change and 1 cm loose body antero-laterally. MRI report is included in the submitted records. The IW had been working on a solar project which had been completed and was currently on a break. On 05/07/2014 the provider requested right knee arthroscopy, debridement, chondroplasty and loose body removal. On 05/14/2014 utilization review issued a decision approving the requested right knee arthroscopy, debridement and loose body removal. Chondroplasty was not certified citing there was no documentation of failure of conservative measures to include either physical therapy or medication use. Guidelines cited were ACOEM, Guidelines, Knee Complaints as referenced by CA MTUS, Surgical Considerations: Official Disability Guidelines Knee and Leg (updated 03/31/2014) Chondroplasty, Indications for Surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines

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, 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 3/13/14 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. The request is not medically necessary.