MAXIMUS Federal Services

Case Number:	CM15-0001034		
Date Assigned:	01/12/2015	Date of Injury:	04/20/2014
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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: Illinois, California, Texas
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 45 year old female, who sustained an industrial injury on 4/20/2014. Injury occurred when she struck her left knee against the sharp edge of a metal coffee table. The 6/16/14 left knee MRI impression documented small effusion, and multiple small loose bodies in the posterior joint and large ossific loose body in the suprapatellar bursa. There were tricompartmental osteophytes, and full thickness articular cartilage loss in the lateral patellar facet and median ridge, and lateral trochlear groove. There was medial and lateral femoral condyle chondromalacia. The 10/1/14 orthopedic consult report cited continued moderate left knee pain associated with swelling and catching. Pain increased with squatting, bending and twisting. Pain occurred mostly during the day, but sometimes at night. Physical exam documented quadriceps atrophy, range of motion 0-125 degrees, medial and lateral patellar facet tenderness, medial joint line tenderness, positive medial McMurray's, and 4/5 quadriceps weakness. The diagnosis was symptomatic chondromalacia with chondral loose bodies, left knee. The treatment plan recommended arthroscopic loose body removal, chondroplasty, and debridement. Records documented the patient had failed conservative treatment including bracing, activity and work modification, anti-inflammatory medication, home exercise, and physical therapy. On 12/16/14 Utilization Review non-certified arthroscopic chondroplasty and loose body removal, left knee. The MTUS Guidelines were cited. On 1/5/15, the injured worker submitted an application for IMR for review of arthroscopic chondroplasty and loose body removal, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic chondroplasty and loose body removal, left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Knee and Leg, Chondroplasty, Loose body removal surgery (arthroscopy)

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines (ODG) criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. The ODG recommend loose body removal surgery where symptoms are noted consistent with a loose body, after failure of conservative treatment, but knee arthroscopic surgery for treatment of osteoarthrosis is not recommended. In cases of knee osteoarthritis where mechanical symptoms are consistent with a loose body, meniscal tear or chondral flap tear, arthroscopy after failure of non-operative treatment is indicated.Guideline criteria have been met. This patient has persistent post-traumatic right knee pain with mechanical symptoms consistent with imaging evidence of multiple loose bodies. Functional limitation is documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.