

Case Number:	CM15-0009315		
Date Assigned:	01/27/2015	Date of Injury:	07/23/2011
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 25-year-old female who reported an injury on 07/23/2011. The mechanism of injury was not stated. The current diagnosis is chondromalacia patella. The injured worker presented on 11/18/2014 with complaints of 6/10 right knee pain, popping, and catching. Previous conservative treatment is noted to include physical therapy and bracing. The current medication regimen includes Percocet 10/325 mg, Norco 10/325 mg, Wellbutrin SR 150 mg, and Prozac 10 mg. Upon examination of the right knee, there was positive medial joint line tenderness, patellofemoral joint crepitation, tenderness to palpation over the patellar facets, intact range of motion with pain on full extension, and mild knee joint effusion. Recommendations at that time included a right knee arthroscopy with chondroplasty. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Arthroscopy, Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg, Chondroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs. According to the documentation provided, the injured worker has been treated with bracing, medication, and physical therapy. However, the injured worker had normal range of motion upon examination. There was no documentation of a significant functional limitation. Additionally, the injured worker underwent an MRI on 05/30/2014, which revealed a meniscal tear. There was no evidence of a chondral defect. Given the above, the request is not medically appropriate at this time.