

<b>Case Number:</b>	CM15-0009705		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 58-year-old male with a reported date of injury on 10/10/2014, which occurred after stepping off a bus and resulting in the buckling of the knee. The injured worker's diagnoses include internal derangement of the right knee. Treatments to date were noted to include a knee immobilizer and medication. An MRI of the right knee performed on 11/10/2014, was noted to reveal full thickness chondral defect with an associated chondral flap tear, involving the upper lateral patellar facet; small marginal osteophytes present along the lateral joint line; moderate intrasubstance myxoid degenerative signal of the posterior horn of the medial meniscus without identified tear; a regional myxoid degenerative signal body of the lateral meniscus, tear could not be confirmed; and mild localized chondral disease weight bearing to the lateral femoral condyle. An orthopedic surgeon evaluation dated 12/22/2014, noted the injured worker had complaints of swelling, locking, and giving way. On physical examination, there was evidence of edema and mild effusion, as well as tenderness to the lateral femoral condyle. There was also pain with patellar compression. At that time, it was noted the surgeon was recommending partial chondroplasty of the right knee. A physical therapy initial evaluation dated 01/27/2015, noted that the injured worker was assessed for a PT referral for 6 visits for treatment of the injured worker's right knee pain..

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy with partial chondroplasty, right knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Chondroplasty.

**Decision rationale:** According to American College of Occupational and Environmental Medicine Guidelines, surgical consultation may be indicated in patients who have activity limitation for more than 1 month, and they have failed to increase range of motion and strength of the musculature around the knee with an exercise program. The Official Disability Guidelines continue to state that chondroplasty may be recommended in patients who have attempted conservative care to include medication, physical therapy, and have subjective complaints of joint pain and swelling, as well as objective evidence of effusion, crepitus or limited range of motion, plus there is chondral defect on MRI. It was noted within the documentation that the injured worker had evidence of joint pain, swelling, and effusion. Additionally, there was chondral defect present on the provided MRI. This request was previously denied due to a lack of physical therapy. However, the documentation provided included the physical therapy initial evaluation for treatment of the the injured worker's right knee pain. Assuming that this physical therapy was completed, the requested arthroscopy with partial chondroplasty of the right knee would be considered medically necessary.