

<b>Case Number:</b>	CM15-0136749		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Indiana, Oregon  
 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 46 year old male, who sustained an industrial injury on 10/24/2012. The injured worker is currently working. The injured worker is currently diagnosed as having bilateral knee sprain/strain with meniscal tears and right knee patella chondromalacia. Treatment and diagnostics to date has included right knee MRI on 07/21/2014 which showed articular cartilage degeneration in the medial patellofemoral articulation and medial femoral condyle with a small joint effusion and popliteal cyst, bilateral knee viscosupplementation injections, and use of medications. In a progress note dated 06/03/2015, the injured worker presented with complaints of problems with his right knee. No recent physical examination with objective findings noted. The treating physician reported requesting authorization for subchondroplasty and partial medial meniscectomy of the right knee, postoperative Celecoxib, postoperative Norco, postoperative physical therapy, crutches, and a thermacooler.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subchondroplasty and Partial Medial Meniscectomy to the Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic), Meniscectomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** CA MTUS/ACOEM is silent on subchondroplasty for the knee. ODG knee is referenced and states it is not recommended. Use is not supported for full thickness chondral defects or joint space narrowing in osteoarthritis. Has been used for consistently painful bone bruising on MRI or bone scan, with weight bearing pain, but evidence is limited or lacking. There is no quality peer-reviewed literature. In this case the request is for a procedure not recommended by guidelines and is therefore not medically necessary.

**Post-Operative Celecoxib 200mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Norco 10/325mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Physical Therapy 24 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: 1 Set of Crutches:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Thermacooler for 4 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.