

<b>Case Number:</b>	CM15-0138966		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Montana, Oregon, Idaho  
 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 59 year old male who sustained an industrial injury on 6/26/13. He had complaints of neck, left shoulder, left arm and left knee pain. Treatments include medication, physical therapy, electrical stimulation, injections and surgery. Most recent progress report dated 3/20/15 reports continued complaints of pain to the left shoulder, left arm and left knee. The pain is described as severe, constant, burning and stabbing with weakness and giving way. The symptoms are worse during activity and at night. Medications help to relieve the pain. The left shoulder has improved by 90-95% after surgery. Diagnoses include status post mechanical fall 6/26/13, traumatic rotator cuff tear, bursitis, status post rotator cuff repair arthroscopic 8/24/14, status post debridement and SAD, AC joint arthritis, left knee strain with medial meniscal tear, synovial plica with arthritis and status post mechanical fall due to the left knee giving way 9/11/14 with pain and swelling of the left little toe and cervical strain with C3-4 grade I retrolisthesis and moderate spinal stenosis with chronic pain and stiffness. Plan of care includes: request already made for left knee excision of the plica and partial meniscectomy and chondroplasty, continue conservative treatments for the neck, dispensed norco and prilosec. Work status: temporarily totally disabled. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with excision of plica, partial meniscectomy, chondroplasty and synovectomy:** Upheld

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

**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.

**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 5/6/14 does not demonstrate a clear chondral defect on MRI nor do the exam notes from 1/23/15, 2/20/15, 3/20/15 or 4/17/15 demonstrate objective findings consistent with a symptomatic chondral lesion. No ranges of motion are documented nor are any effusion noted. The notes do not document any specific course of conservative care directed towards the left knee. Therefore the determination is for non-certification.