

Case Number:	CM15-0182023		
Date Assigned:	09/23/2015	Date of Injury:	05/22/2014
Decision Date:	12/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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: Minnesota, Florida

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 36 year old male, who sustained an industrial-work injury on 5-22-14. A review of the medical records indicates that the injured worker is undergoing treatment for left knee strain and sprain and low grade partial thickness anterior cruciate ligament (ACL) tear. Treatment to date has included pain medication Norco, Cyclobenzaprine, gabapentin and Ketoprofen cream, physical therapy 6 sessions which aggravated the symptoms, Magnetic Resonance Imaging (MRI), bracing, home exercise program (HEP), orthopedic consult, and work restrictions. The physician indicates that the Magnetic resonance imaging (MRI) of the left knee dated 8-8-14 reveals a partial anterior cruciate ligament (ACL) tear with an associated ganglion cyst, a patellar tendon injury and an effusion. The physician indicates that Magnetic Resonance Arthrogram (MRA) of the left knee dated 11-19-14 showed a low grade partial anterior cruciate ligament (ACL) tear with an associated ganglion cyst which was stable. There was a plica, a joint effusion and a baker's cyst. Medical records dated 8-11-15 indicate that the injured worker complains of left knee pain with stiffness, instability and giving way of the knee. He also reports popping sensation in the knee. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-11-15 the injured worker is on modified work duties. The physical exam dated 8-11-15 reveals that there is no deformity of the injured left knee. There is no swelling or tenderness note. The range of motion is within normal limits and there is no pain or crepitus with knee motion. There is no medial or lateral collateral ligament laxity noted. The physician indicates that the Magnetic Resonance Arthrogram (MRA) shows a plica which can be contributing to the injured worker's ongoing

symptoms. There is still a possibility that he may have an internal derangement that was not noted in the Magnetic Resonance Imaging (MRI) and he has not responded adequately to conservative therapy. The injured workers symptoms have persisted for many months without improvement. He has a significant limp and is experiencing giving way episodes. The request for authorization date was 8-25-15 and requested service included Left knee arthroscopy; possible partial medial and lateral meniscectomy, possible chondroplasty; possible debridement; possible lateral retinacular release. The original Utilization review dated 8-31-15 modified the request for Left knee arthroscopy; possible partial medial and lateral meniscectomy, possible chondroplasty; possible debridement; possible lateral retinacular release modified to certify left knee arthroscopy and debridement of visible, symptomatic plica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy; possible partial medial and lateral meniscectomy, possible chondroplasty; possible debridement; possible lateral retinacular release: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Indications for Surgery-Meniscectomy, Chondroplasty.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty.

Decision rationale: The injured worker has undergone diagnostic studies including MRI scan and MR arthrogram of the left knee. The request for partial medial and lateral meniscectomies is not supported as the MR arthrogram does not show any evidence of a meniscal tear. The California MTUS guidelines necessitate the presence of a meniscal tear on imaging studies for this procedure. With regard to the request for chondroplasty, the ODG guidelines necessitate the presence of a chondral defect. The MR arthrogram does not show a chondral defect and so the chondroplasty is not medically necessary. The guidelines do not support shaving of chondromalacia as it is not effective. With regard to the request for a lateral retinacular release, the MTUS guidelines necessitate the presence of patellofemoral malalignment with lateral tilting of the patella which has not been documented. As such, the request for a lateral retinacular release is not supported and the medical necessity of the request has not been substantiated.