

Case Number:	CM15-0183059		
Date Assigned:	09/23/2015	Date of Injury:	07/08/2011
Decision Date:	10/28/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, Oregon, Washington
 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 55 year old male, who sustained an industrial injury on 7-8-11. The injured worker is undergoing treatment for knee pain. Medical records dated 9-2-15 indicate the injured worker complains of right knee pain. Physical exam notes right knee trace effusion, tenderness to palpation and positive McMurray test. A note dated 7-29-15 indicates "multiple right knee injections as well as arthroscopies" An 8-18-15 magnetic resonance imaging (MRI) of the right knee indicates marrow edema compatible with bone contusion or trabecular microfracture and patellofemoral degenerative change. The original utilization review dated 9-14-15 indicates the request for Right knee arthroscopy, subchondroplasty lateral tibia plateau, microfracture patella is non-certified noting prior arthroscopy reports are not submitted for clinical review, and previously attempted procedures for the patellofemoral degeneration are not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, subchondroplasty lateral tibia plateau, microfracture patella:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

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 regarding chondroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, criteria include all of the following; 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 8/18/15 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore, the request is not medically necessary.