

<b>Case Number:</b>	CM15-0186555		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/04/2015
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 24 year old male who sustained an industrial injury on 3-4-15. The injured worker reported left knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for left knee patellofemoral contusion and left knee trochlear chondral defect. Medical records dated 9-14-15 indicate "increased pain with prolonged standing or walking." Provider documentation dated 9-14-15 noted the work status as permanent and stationary. Treatment has included at least 12 physical therapy sessions, oral anti-inflammatories, at least six chiropractic treatments and a left knee magnetic resonance imaging (3-24-15). Objective findings dated 9-14-15 were notable for left knee tenderness, full range of motion, positive crepitus, and sensation intact. The original utilization review (9-15-15) denied a request for left knee arthroscopy with chondroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg - Chondroplasty.

**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 3/24/15 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. The determination is for non-certification, therefore is not medically necessary.