

<b>Case Number:</b>	CM15-0199112		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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:

This is a 48 year old female who sustained an industrial injury on 9-18-2014. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis of the right knee, chondromalacia of patella and probable articular cartilage injury with possible loose body. Per the orthopedic consult dated 5-28-2015, the injured worker reported a sense of instability in the right knee and periodic swelling. There was grade 1-2 patellofemoral crepitus of the right knee and significant discomfort with patellar instability testing. According to the progress report dated 9-8-2015, the injured worker complained of right knee pain with radiation to thigh and calf. Per the treating physician (9-8-2015), the work status was modified duty. The physical exam (9-8-2015) revealed an antalgic gait favoring the right. Treatment has included physical therapy (6-15 to 7-16-2015 with reported 30% reduction in pain with minimal improvements in walking or standing), home exercise program and medications. Current medications (9-8-2015) included Flector patches, Lidocaine patches, Naprosyn and Tramadol. Per the physical therapy note dated 7-16-2015, the injured worker had increased pain, decreased range of motion and increased swelling. The request for authorization was dated 9-8-2015. The original Utilization Review (UR) (9-14-2015) denied a request for right knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Loose body removal surgery (arthroscopy).

**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 Chapter, Arthroscopic Surgery for osteoarthritis.

**Decision rationale:** According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." As the patient has significant osteoarthritis per the note from 9/8/15 the determination is for non-certification for the requested knee arthroscopy. The request is not medically necessary.