

Case Number:	CM15-0201730		
Date Assigned:	10/16/2015	Date of Injury:	07/07/2014
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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 41 year old male who sustained an industrial injury on 7-7-14. A review of the medical records indicates he is undergoing treatment for right knee patellar chondromalacia and right knee partial PCL tear. Medical records (7-27-15, 8-11-15) indicate ongoing pain and swelling in his right knee. He rates his pain "5 out of 10" and indicates decreased range of motion of the right knee (8-11-15). The treating provider indicates that the symptoms "have been present over 1 year, are constant, and originally occurred in the context of otherwise normal musculoskeletal function". His symptoms are worsened with weight bearing and range of motion. Pain is made better with medication and ice. The physical exam (8-11-15) reveals "no severe malalignment". Swelling is noted of the right knee. Flexion of the knee is "125-130 degrees". Extension is "full". Tenderness is noted of the medial joint line. "Some laxity" is noted with the posterior drawer test "compared to the contralateral side". Tenderness is also noted over the prepatellar bursa and with patellar compression. Diagnostic studies have included an MRI of the right knee. Treatment has included at least 8 session of physical therapy (3-(illegible)-15), 2 cortisone injections, anti-inflammatory and analgesic medications, a right patellar stabilizer, and modified work activities. The 6-15-15 indicates that he is working modified work with restrictions of lifting and carrying, as well as pushing and pulling no more than 10 pounds, and limited standing and walking. Effects of his symptoms on activities of daily living are not addressed in the reviewed records. Treatment recommendations include a right knee arthroscopy with patellar chondroplasty, debridement, and synovectomy. The utilization

review (9-30-15) includes a request for authorization for right knee arthroscopy with synovectomy and chondroplasty. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with synovectomy and chondroplasty: 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) 2015, Knee & Leg (Acute & chronic) chapter, 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 is a 41-year-old male with a date of injury of December 2013. Per office visit of 8/11/2015 he was complaining of pain in the right knee. Pain was located on the medial and anterior aspect and was associated with complaints of swelling and decreased range of motion. Pain was rated 5/10 and had been present for over one year. He had received 2 cortisone injections and felt worse after the injections. He did have an MRI scan done in April 2015 and also in July 2014. Examination of the right knee revealed no severe malalignment. There was mild swelling. The extensor mechanism was intact. Extension was full and flexion was to 125 to 1:30 degrees. There was mild medial joint line tenderness but no lateral joint line pain. There was no pain with flexion pinch test. He had a negative McMurray. There was no instability. Anterior drawer was negative. Pivot shift was negative. There was slight laxity with posterior drawer. There was some tenderness over the prepatellar area but no swelling or erythema. There was some tenderness with patellar compression. The assessment was patellar chondromalacia and partial PCL tear. The plan was surgical intervention with arthroscopy and patellar chondroplasty and debridement and synovectomy. Additional notes indicate that he was 72 inches tall and weighed 260 pounds. Prior notes from 5/5/2015 document patellofemoral pain with medial patellar facet wear. An MRI scan of the right knee dated 4/14/2015 is reviewed. There was good preservation of the lateral patellar facet cartilaginous thickness at about 5 mm. There was cartilaginous thinning at the apex of the patella and the medial facet to about 1 mm. There was minimal subchondral edema at the medial facet. The patellar routine neck was intact. The extensor tendon and the patella tendon appeared to be normal. There was minor arthritic narrowing of the medial joint space to just over 6 mm. The impression was moderate cartilaginous narrowing of the medial patellar facet with some complication, Question cartilage injury in the setting of trauma. No evidence of injury to the cruciate or collateral ligaments or menisci. A prior MRI scan of the right knee dated 7/16/2014 is reviewed. There was a near full-thickness cartilaginous fissure seen at the median ridge of the patella along with a near full-thickness focal delamination measuring 1.1 cm in greatest dimension seen at the junction of the medial facet and the median ridge. A smaller focus of grade 4 chondrosis was seen near the odd facet of the patella. California MTUS guidelines state that although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been approved and its efficacy is questionable.

Severe patellar degeneration presents a problem not easily treated by surgery. ODG guidelines indicate the necessity of a chondral defect if chondroplasty is requested. Chondromalacia is a relative contraindication. Based upon the guidelines, the request for arthroscopy with chondroplasty is not supported. With regard to synovectomy, there is no indication that the injured worker has hypertrophic synovitis such as in rheumatoid arthritis. The MRI reports do not document synovial hypertrophy. As such, the request for synovectomy is not supported. In light of the foregoing, the request for arthroscopy with chondroplasty and synovectomy is not supported and the request is not medically necessary and has not been substantiated.