

Case Number:	CM15-0025000		
Date Assigned:	02/17/2015	Date of Injury:	07/08/2014
Decision Date:	03/27/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/10/2015

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: Illinois, California, Texas
 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 (IW) is a 43-year-old male who sustained an industrial injury on 7/08/14. Injury occurred when he lost control of his semi-truck at 55-60 mph, and it rolled. The 7/14/14 left knee MRI showed mild cartilage blistering and fibrillation along the interior lateral femoral trochlea with adjacent mild subchondral sclerosis and mild subchondral marrow edema. There was mild marrow edema within the lateral tibia epiphysis/metaphysis and subtle marrow edema in the medial fibular head, findings most likely due to trabecular bone injury. The progress reports from 7/9/14 to 9/4/14 documented on-going grade 8/10 left knee pain with locking, grinding, and swelling. Physical exam findings noted limited range of motion, effusion, medial and lateral joint line tenderness, and positive Lachman and drawer signs. Treatment included physical therapy, medications, and activity modification. The 12/8/14 treating physician report cited constant left knee pain, and difficulty with prolonged walking and standing. Physical exam documented tenderness to palpation left knee and painful range of motion. The injured worker stated that he felt like there was debris in his left knee. The treating physician indicated that there were imaging changes and possible minute loose bodies in the knee. The treatment plan was for a left knee arthroscopy with chondroplasty. The treating physician documented the following surgical indications: the patient had failed physical therapy and medication, he had joint pain and limited range of motion, and there was a chondral defect on MRI. On 1/21/15, utilization review non-certified a request for left knee arthroscopy with chondroplasty of the patella based on an absence of clinical exam findings consistent with guideline criteria and no documentation of

recent conservative treatment. The ACOEM guidelines and the Official Disability Guidelines were cited.

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 of the patella: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Diagnostic arthroscopy, chondroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Knee and Leg: Chondroplasty

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have been met. This patient presents with persistent left knee pain with locking, grinding, and swelling. Physical exam documented joint pain and limited range of motion. There is imaging evidence consistent with a chondral defect. Detailed evidence of a recent, reasonable, and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.