

Case Number:	CM15-0034532		
Date Assigned:	03/03/2015	Date of Injury:	08/27/2013
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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 39 year old male. On August 27, 2013 he was lifting boxes off of a conveyer belt. He reached quickly to take a box when he slammed his left knee on the metal portion of the conveyer belt. He was initially treated with physical therapy, which only made his pain worse. MRI of the left knee dated October 14, 2013 revealed chronic tear of the anterior cruciate ligament, degeneration and tearing of the lateral meniscus extending from the anterior horn body junction to posterior horn. Advanced chondromalacia and subchondral edema was noted in the posterior aspect of the lateral compartment. There was a small region of chondral thinning and fissuring in the lateral patellar facet. The injured worker underwent surgery in early December 2013 and in February 2014 he stated that his pain was only accelerated since that surgery. He noted increasing pain with swelling over the infrapatellar region. Physical therapy increased the pain and swelling. An MRI scan of the left knee performed on March 5, 2014 revealed moderate degenerative change of the lateral compartment with moderate joint space narrowing and moderate bone spurs. There was severe cartilage loss and denudation involving the lateral femoral condyle. Moderate chondral loss involving the periphery of the lateral tibial plateau. There was truncation of the body of the lateral meniscus with extensive abnormal signal contacting its inferior surface consistent with a tear additional abnormal signal contacted the inferior surface posterior horn consistent with a tear. There was mild degenerative change in the medial compartment with mild spurs and mild subcutaneous cortical bone edema of the medial femoral condyle. Subsequent x-rays have revealed his knee to be bone-on-bone. A request for

additional surgery on his knee consisting of a subchondroplasty was noncertified by Utilization Review citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee surgery, sub 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, Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Subchondroplasty.

Decision rationale: ODG guidelines indicate subchondroplasty is not recommended. Its use is not supported for full-thickness chondral defects or joint space narrowing in osteoarthritis. It has been used for consistently painful bone bruising on MRI or bone scan with weightbearing pain but evidence is limited or lacking. It may possibly be effective but this has not been proven. The injured worker has evidence of osteoarthritis, with his knee being bone-on-bone per available records. The guidelines do not support subchondroplasty and as such, the medical necessity of the request has not been substantiated.