MAXIMUS Federal Services

Case Number:	CM15-0038508		
Date Assigned:	03/09/2015	Date of Injury:	07/16/2014
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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 47-year-old male, who sustained an industrial injury on 7/16/14. He has reported left knee injury. The diagnoses have included left knee contusion, lumbar spasm and left knee sprain/strain. Treatment to date has included physical therapy, activity restrictions, Toradol intramuscular injection, knee brace, oral medications including Norco, chiropractic treatment, and acupuncture treatments. (MRI) magnetic resonance imaging of left knee performed on 9/12/14 revealed longitudal-horizontal -oblique tearing of posterior horn of medical meniscus with tear violating the inferior meniscal surface and no significant cartilage loss or other internal derangement. No chondral defect was noted. Currently, the injured worker complains of left knee pain. Physical exam performed on 1/29/15 revealed limited and painful left and right knee range of motion, injured worker stated pain has improved since starting acupuncture and he has an increased ability to walk and better sleep. Utilization Review certified a request for arthroscopy and meniscectomy. The disputed issue pertains to a request for chondroplasty that was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left knee arthroscopy, chondroplasty and meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344, 347.

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

Decision rationale: The injured worker meets the guideline criteria for arthroscopy and partial medial meniscectomy. Utilization review has already certified this procedure. However, the disputed procedure is a chondroplasty. The ODG criteria for chondroplasty require all of the following: 1. Conservative care with medication or physical therapy PLUS. 2. Subjective clinical findings of joint pain and swelling PLUS. 3. Objective clinical findings of effusion or crepitus or limited range of motion PLUS. 4. Imaging clinical findings of chondral defect on MRI. The MRI report does not identify a chondral defect. It states "No significant cartilage loss or other internal derangement."As such the ODG criteria for chondroplasty have not been met and the request for chondroplasty is not supported and the medical necessity has not been substantiated.