

<b>Case Number:</b>	CM15-0050054		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 51 year old male, who sustained an industrial injury on 08/01/2013. He reported sustaining an injury while running on a treadmill at work when he felt a pop in his right knee. The injured worker was diagnosed as having right knee meniscus tear and right knee chondromalacia. Treatment to date has included medication regimen, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, and status post right arthroscopic partial medial meniscectomy and chondroplasty. In a progress note dated 02/26/2015 the treating provider reports complaints of right knee pain that is rated a six to seven out of ten. The treating physician requested a right knee subchondroplasty to rule out bone edema. The treating physician also requested twelve sessions of physical therapy and twelve sessions of chiropractic therapy, but the documentation provided did not indicate the specific reason for these requested treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Subchondroplasty:** 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, Chondroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Chondroplasty.

**Decision rationale:** Official Disability Guidelines indicates that subchondroplasty is not recommended. It has been used for consistently painful bone bruising on MRI or bone scan with weight bearing pain but evidence is limited or lacking. As such, the request for subchondroplasty is not supported. The medical necessity of the request has not been substantiated.

**Physical Therapy QTY: 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Chiropractic Treatment QTY: 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.