

Case Number:	CM15-0050442		
Date Assigned:	03/23/2015	Date of Injury:	10/28/2008
Decision Date:	05/08/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	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:

This 44 year old man sustained an industrial injury on 10/28/2008. The mechanism of injury is not detailed. Evaluations include right knee MRI without contrast dated 11/23/2012. Diagnoses include knee sprain of the medial collateral ligament. Treatment has included oral medications. He was initially certified for a medial collateral ligament reconstruction but did not have the surgery because of an ankle surgery. Physician notes dated 2/10/2015 document continuing complaints of right knee pain. Recommendations include surgical intervention including right knee arthroscopy, chondroplasty, and medial collateral ligament reconstruction with allograft. On 2/17/2015, Utilization Review modified the request to right knee diagnostic arthroscopy, and medial collateral ligament reconstruction with allograft. The disputed issue pertains to chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, chondroplasty, MCL, Reconstruction with Allograft: 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), Knee and Leg chapter <http://www.wheelsonline.com/Image4/knne3.jpg>.

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 documentation submitted indicates that utilization review certified the request for diagnostic arthroscopy of the right knee and medial collateral ligament reconstruction with allograft on February 17, 2016. However, the request for chondroplasty was noncertified. ODG indications for chondroplasty include conservative care with medication or physical therapy plus subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus or limited range of motion plus imaging clinical findings of a chondral defect on MRI. Chondroplasty is not indicated in the presence of osteoarthritis since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. The documentation submitted does not indicate presence of a chondral defect on the MRI. As such, the request for a chondroplasty is not supported and the medical necessity has not been established. The remaining operative requests have been certified.