

Case Number:	CM15-0054290		
Date Assigned:	03/27/2015	Date of Injury:	07/15/2012
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: California
 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 36 year old female, who sustained an industrial injury on 07/15/2012. She reported a right knee injury. The injured worker is currently diagnosed as having status post partial medial meniscectomy of the right knee, right knee chondromalacia, left knee pain, and rule out internal derangement of the left knee. Treatment to date has included right knee MRI, lumbar spine MRI, electromyography/nerve conduction studies of bilateral lower extremities, knee injection, and medications. In a progress note dated 03/10/2015, the injured worker presented with complaints of increased pain and swelling in both knees, right greater than left. The treating physician reported requesting authorization for arthroscopic debridement of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic debridement of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

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

Decision rationale: According to the ODG Knee and Leg regarding debridement of the right knee, Criteria include conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case the MRI from 6/10/14 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. There is no evidence of arthrofibrosis of the knee to warrant manipulation and arthroscopic debridement either. Therefore, the determination is for non-certification and request is not medically necessary.