

<b>Case Number:</b>	CM15-0058039		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/31/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 49 year old female, who sustained an industrial injury on 05/31/2009. Treatment to date has included MRI, medications, physical therapy and 2 cortisone injections with only temporary relief. Diagnoses included chondromalacia patella left knee and a plica with symptoms of patellofemoral pain syndrome. Currently, the injured worker complains of left knee pain and grinding behind the knee cap. Documentation indicates the presence of patellofemoral osteoarthritis. Treatment plan included left knee arthroscopy with chondroplasty and excision of the synovial plica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee patellafemoral chondroplasty/plica excision:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty.

**Decision rationale:** The injured worker is a 49-year-old female with a date of injury 5/31/2009. The subjective complaints include chronic left knee pain. On examination and there was patellofemoral crepitus, normal range of motion and inability to squat. Patellar grind was positive. Prior treatment included tramadol, meloxicam, and 3 corticosteroid injections. MRI scan dated 2/6/2015 revealed evidence of chondromalacia patellae and a small joint effusion. The California MTUS guidelines indicate although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been improved and its efficacy is questionable. Severe patellar degeneration presents a problem not easily treated by surgery. ODG criteria for chondroplasty indicate presence of a chondral defect on MRI in addition to subjective and objective clinical findings. The documentation provided does not indicate the presence of a chondral defect. The presence of osteoarthritis is a contraindication to chondroplasty. Based upon the guidelines, the request for arthroscopy with patellofemoral chondroplasty/plica excision is not supported and the medical necessity of the request has not been substantiated.

**8 Post-op physical therapy sessions for the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, the associated surgical services are also not medically necessary.