

Case Number:	CM15-0080610		
Date Assigned:	05/01/2015	Date of Injury:	12/10/2013
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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 61-year-old female who sustained an industrial injury on 12/10/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a MRI of the left knee. Current complaints include knee giving way, swelling, weakness, stiffness, and pain. Current diagnoses include left medial meniscus degeneration, chondromalacia, and patella subluxation. In a progress note dated 02/24/15, the treating provider reports the plan of care as surgery and physical therapy. The requested treatment is left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Left knee chondroplasty, drilling, chondroplasty patella: 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 and Leg chapter, Microfracture surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation According to the ODG Knee and Leg, chondroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg, chondroplasty, 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, no formal MRI report provides a clear chondral defect nor does the exam from 2/24/15 demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore, the determination is for non-certification and the request is not medically necessary.