

<b>Case Number:</b>	CM15-0080926		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 57 year old female, who sustained an industrial injury on 4/14/2011. Diagnoses have included L4-5 facet arthropathy, bilateral chondromalacia patella, bilateral meniscus tears and bilateral knee sprain. Treatment to date has included right knee surgery, physical therapy and medication. According to the progress report dated 1/29/2015, the injured worker complained of bilateral knee pain rated as 7/10 without medications and 0/10 with the use of medication. She also complained of lower back pain. Exam of the knees revealed well healing portals over the right knee. There was non-specific pain upon meniscal testing. Authorization was requested for arthroscopic chondroplasty, lateral release and repair meniscus left knee and post-op physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic chondroplasty, left knee:** Upheld

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

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, criteria includes 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 exam note from 1/29/15 does not demonstrate a clear chondral defect on MRI. In addition, the exam note does not demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the determination is for not medically necessary.

**Arthroscopic lateral release, left knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Lateral retinacular release.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of lateral release. ODG, Knee and Leg, Lateral retinacular release states criteria includes, Criteria for lateral retinacular release or patella tendon realignment or maquet procedure: 1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture), or medications. 2. Subjective Clinical Findings: Knee pain with sitting. OR Pain with patellar/femoral movement, or recurrent dislocations. 3. Objective Clinical Findings: Lateral tracking of the patella, or recurrent effusion, or patellar apprehension, or synovitis with or without crepitus, or increased Q angle greater than 15 degrees. 4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. In this case the exam note from 1/29/15 does not demonstrate adequate course of conservative care or objective findings required above to warrant surgical intervention. Therefore the determination is for not medically necessary.

**Postoperative physical therapy 2 times per week for 3 weeks, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 and 25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Arthroscopic repair meniscus, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

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

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 1/29/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is for not medically necessary.