

<b>Case Number:</b>	CM14-0129680		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 48-year-old male who sustained a vocational injury on November 18, 2013 when his right foot was caught in a tree root while using the weeding machine. The medical records provided for review included the office note dated 06/20/14 that identified a current diagnosis of right knee derangement with chondromalacia of the lateral femoral condyle. The office note documented that the claimant complained of pain in the right knee worse with walking, standing, flexing, extending the knee, and climbing or descending stairs. It was documented that the claimant had previously undergone bilateral knee surgery approximately four years earlier. Examination of the right knee showed that the claimant ambulated with a limp, the ligaments were clinically intact to stress testing, and lateral tenderness was present. The report of an MRI of the right knee without contrast dated 06/06/14 showed post lateral meniscectomy changes with no evidence of recurrent tear involving the small meniscal remnant. The intrinsic ligaments of the knee were intact. There was no evidence of medial meniscal tear. There was moderate Grade III chondromalacia involving the posterior weight bearing surface of the lateral femoral condyle where there was an inferiorly directed .2 centimeter enthesophyte involving the weight bearing surface. There was a trace increase in joint fluid over the usual physiological amount. Conservative treatment to date has included ibuprofen, ice, an Ace wrap, and formal physical therapy for which he had gradual improvement. This review is for video arthroscopy of the right knee with correction encounter pathology, and possible arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Video arthroscopy right knee with correction encounter pathology possible arthrotomy:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Knee & Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter: Diagnostic arthroscopy.

**Decision rationale:** The Knee Complaints Chapter of the ACOEM Practice Guidelines and supported by the Official Disability Guidelines do not support the request for video arthroscopy of the right knee with correction encounter pathology, possible arthrotomy as medically necessary. The medical records provided for review do not contain documentation of significant abnormal physical examination objective findings or imaging study findings which would support the medical necessity of the requested procedure. The diagnostic studies suggest the claimant has moderate/significant arthritis and currently arthroscopic surgery is not considered a medically reasonable procedure in deciding significant arthritis. There is no documentation that the claimant has had a diagnostic and therapeutic intraarticular cortisone injection which would be recommended prior to considering further more aggressive surgical intervention. Both ACOEM Guidelines and the Official Disability Guidelines do not recommend arthroscopy in the face of osteoarthritis. Therefore, based on the documentation presented for review and in accordance with California MTUS, ACOEM, and Official Disability Guidelines, the request for the video arthroscopy of the right knee with correction encounter pathology, possible arthrotomy is not medically necessary or appropriate.