

Case Number:	CM14-0144711		
Date Assigned:	09/12/2014	Date of Injury:	02/28/2009
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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, New Jersey, and New York. 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 the case of a 55 year-old female, with a 2/28/2009 date of injury, when he slipped and fell, injuring his knee. A progress note dated May 7, 2014 stated that the patient presented with pain in the low back and bilateral knees, with pain scores of 8-9/10, radiating to the posterior knee and thigh. Pain was not controlled despite the regular intake of pain medications, although previous aquatic therapy was subjectively more beneficial. A progress note dated July 18, 2014 documented that the patient presented with pain on both knees, with back pain radiating down to the ankles on both legs. Her left knee pain is subjectively greater than the right, with episodes of instability on the left knee noted. Physical examination revealed that the patient walks with the aid of a cane in the right hand. Medial and lateral joint line tenderness, with a (+) McMurray's sign and mild effusion on the left knee. Muscle spasms were observed, with a restricted range of motion limited by complaints of discomfort. An MR Arthrogram of the left knee on 6/27/2014 revealed a previous partial meniscectomy, focal recurrent tearing, moderate chondromalacia and a large popliteal cyst. Present diagnosis includes Bilateral Knee Strain with Chondromalacia Patella, Bilateral Knee Contusions with MRI evidence of Left Knee Medial Meniscus Tears, Right Knee Medial Meniscus Tear and ACL Sprain; S/P Left Knee Arthroscopy in 2007/2010; Revision Left Knee Arthroscopy Medial Meniscectomy, ACL Debridement, Chondroplasty Medial Femoral Condyle, MRI evidence of recurrent tear; S/P Right Knee Arthroscopy, Lateral Meniscectomy, ACL Debridement, Chondroplasty: and Medial Femoral Condyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy, Chondroplasty: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints and on the Official Disability Guidelines (ODG).

Decision rationale: Medical necessity for the requested left knee arthroscopic chondroplasty is not established. Although, conservative care has been provided, including PT/aquatic therapy, imaging revealed no evidence of a focal chondral defect. There were generalized moderate osteoarthritic changes. Official Disability Guidelines (ODG) states that arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. Chondroplasty is supported for patients with imaging evidence of a focal chondral defect. Treatment is not medically necessary and appropriate.