

<b>Case Number:</b>	CM14-0211006		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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:

A 57-year-old male status post industrial injury to grade 2014. Exam note June 2, 2014 demonstrates denial of locking, catching, or giving way. Physical exam discloses medial joint line tenderness. Radiographs demonstrated mild medial arthritis. MRI of the knee April 15, 2014 demonstrates a tear of the posterior horn of the medial meniscus. Examination October 20, 2014 demonstrates persistent pain in the right knee. Patient is noted to be taking Advil. Mild pain was noted about the medial joint line. Request is made for arthroscopy with medial meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Other corrections determined at time of arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 344-345.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of chondroplasty or other corrections determined at time of arthroscopy. According to the ODG Knee and Leg regarding 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 the MRI from 4/15/14 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the determination is for non-certification for other corrections determined at the time of arthroscopy.