

Case Number:	CM15-0170007		
Date Assigned:	09/10/2015	Date of Injury:	10/01/2014
Decision Date:	10/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/28/2015

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, Oregon, Washington
 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 (n) 44 year old male, who sustained an industrial injury on 10-1-14. The injured worker was diagnosed as having left knee medial meniscus tear, left knee bicompartamental osteoarthritis and arca of developing osteonecrosis and chronic bone marrow edema. Medical records (2-24-15 through 3-17-15) indicated a positive McMurray's exam, patellofemoral crepitus and pain with hyperflexion. The physical exam on 4-14-15 revealed mild medial joint line tenderness, mild pain with hyperflexion and a negative McMurray's exam. Treatment to date has included a left knee cortisone injection on 3-17-15 with some improvement and Motrin. As of the PR2 dated 5-26-15, the injured worker reports persistent pain and discomfort with respect to the left knee. Objective findings include medial joint line tenderness, pain with hyperflexion and a positive McMurray's exam. The treating physician requested a left knee arthroscopy along with subchondroplasty. On 7-16-15 the treating physician requested a Utilization Review for a left knee arthroscopy along with subchondroplasty. The Utilization Review dated 7-23-15, non-certified the request for a left knee arthroscopy along with subchondroplasty. The physician reviewer indicated that the attached medical record "does not indicate that the claimant has ever participated in any type of physical therapy and failed to improve with this treatment".

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy along with subchondroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Indications for Surgery-Meniscectomy: Criteria for meniscectomy or meniscus repair.

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 regarding chondroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, Criteria include ALL of the following; 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 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 request is not medically necessary.