

<b>Case Number:</b>	CM15-0173176		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	09/09/2002
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 49 year old female who sustained an industrial injury on 09-09-2002. According to a progress report dated 08-03-2015, problems included localized primary osteoarthritis, osteoarthritis of knee, synovial plica and current tear of medial cartilage and or meniscus of knee. Her knee remained the same. She continued to have swelling along with throbbing sharp pain. Previous surgery included left knee arthroscopy on 07-01-2011. MRI of the right lower extremity performed on 07-23-2015 showed mildly progressing osteoarthritis and distal femoral lesion unchanged from previous visit. Diagnoses included osteoarthrosis localized primary lower leg and plica syndrome. Prescriptions dated 08-03-2015 were written for Supartz injection x 4 and arthroscopy with plica chondroplasty. An undated authorization request was submitted for review. The requested services included Supartz injection x 4 to the right knee and right knee arthroscopy with plica excision, chondroplasty. On 08-17-2015, Utilization Review non-certified the request for right knee arthroscopy with plica excision, chondroplasty and authorized the request for Supartz injection to the right knee quantity 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy with plica excision, chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Knee and Leg (Acute & Chronic).

**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 from 7/23/15 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 and the request is not medically necessary.