

Case Number:	CM15-0037419		
Date Assigned:	03/05/2015	Date of Injury:	03/24/2010
Decision Date:	05/11/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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
 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 41 year old male, who sustained an industrial injury on 3/24/10. The injured worker has complaints of bilateral knee pain with left thigh cramping and muscle spasms. The diagnoses have included chronic right knee pain with underlying mild degenerative joint disease and left knee pain due to overcompensating. Treatment to date has included magnetic resonance imaging (MRI) of the right knee; cortisone injections with no improvement; synvisc with no improvement; Vicodin and flexeril and naproxen. Exam note from 1/21/15 demonstrates report of intermittent knee pain with posterior knee pain reported as a 9 out of 10 with muscle spasms and cramping. Objective findings include a positive Apley test. MRI of the right knee from 4/2/13 demonstrates mild osteoarthritis changes of the knee joint predominately of the medial compartment. Medial compartment surface osteophytes are noted with bone bruising of the medial tibial plateau. The request was for right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Chondroplasty.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. 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 4/2/13 does not demonstrate a clear chondral defect on MRI nor does the exam note from 1/21/15 demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the request is not medically necessary.