MAXIMUS Federal Services

Case Number:	CM15-0063076		
Date Assigned:	04/08/2015	Date of Injury:	03/02/1999
Decision Date:	05/28/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/02/2015

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: Illinois, California, Texas
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 58-year-old female who sustained an industrial injury on 3/2/99. Past surgical history was positive for right ankle arthroscopy with synovectomy, shaving articular cartilage, debridement tibiofibular articulation, and anterior impingement correction on 11/20/99. Records indicated conservative treatment had included medications, physical therapy, use of a cane, TENS unit, and steroid or anesthetic injection with temporary relief. The 2/25/15 right knee MRI impression documented mucinous degeneration of the anterior cruciate ligament with no visualized tear. There was medial and lateral meniscal degeneration without a frank meniscal tear. There was extensive tricompartmental arthrosis with osteophytic formation and chondromalacia, most severe involving the lateral compartment and patellofemoral compartment. There was distal quadriceps tendon insertional tendinosis/tendinopathy. The 3/19/15 treating physician report cited grade 6-7/10 right knee pain aggravated by prolonged standing and walking and difficulties going up and down stairs. She reported new onset of "unstable" knee. Physical exam documented antalgic gait favoring the right, visible and palpable effusion, and ability to squat and duck walking with support bilaterally. There was tenderness over the patella, medial and lateral joint lines, and medial femoral condyle. There was positive crepitation and patellar grind. There was positive patellar apprehension, maltracking, and McMurray's sign. There were no findings of laxity. Right knee range of motion was 0-115 degrees with 5/5 quadriceps and hamstring strength. The injured worker had temporary relief with steroid/anesthesia injection into the right knee. The treating physician report reported progression of the right knee degenerative changes since date of injury. The treatment plan

recommended a chondroplasty prior to this injured worker undergoing a total knee replacement. He reported that guideline criteria for chondroplasty had been met relative to physical therapy and medications, joint pain, limited range of motion, and chondral defect on MRI. The 4/22/15 utilization review non-certified the request for right knee arthroscopy, chondroplasty, and patelloplasty as there was no evidence of conservative treatment failure, including corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, chondroplasty and patelloplasty, right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg; Chondroplasty.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have been met. This injured worker presents with persistent right knee pain that is function-limiting. Clinical exam findings are consistent with imaging evidence of tricompartmental arthrosis with chondro-malacia. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.