

<b>Case Number:</b>	CM15-0070794		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	10/23/1999
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, Indiana, Oregon  
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:

This 65 year old female sustained an industrial injury to the right shoulder and left knee on 10/23/99. Previous treatment included magnetic resonance imaging, physical therapy and medications. In an orthopedic evaluation dated 3/16/15, the injured worker complained of ongoing left knee pain that increased with activity. The physician noted that the injured worker had persistent locking in the left knee. Physical exam was remarkable for left knee with joint line and facet tenderness to palpation, positive McMurray's test, full range of motion, patellar ballottement with effusion and mild muscle atrophy. Magnetic resonance imaging left knee revealed a chondral defect along the infrapatellar facet. Current diagnoses included left knee inferior lateral patellar facet osteochondral defect. The physician noted that the injured worker had had consistent considerable left knee rehabilitation. The treatment plan included diagnostic left knee arthroscopy with associated surgical services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee medial and lateral meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & 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.

**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 there is no evidence of limited range of motion as the office visit 3/16/15 documents full range of motion. Therefore, the criteria are not satisfied and the requested procedure is not medically necessary.