

Case Number:	CM15-0090640		
Date Assigned:	05/14/2015	Date of Injury:	08/01/2014
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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 is a 31 year old female with an August 1, 2014 date of injury. A progress note dated April 15, 2015 documents subjective findings (continuing pain in the left knee), objective findings (pain at the patella femoral joint line; pain with the patella grind test and the patella resistance test; thigh spasms), and current diagnoses left knee internal derangement; left medial meniscus tear). Treatments to date have included left knee arthroscopy with Barbotage and trephiration of medial meniscus tear, plica resection (January 23, 2015), Depo-Medrol injection (March 20, 2015), alteration of activity levels, physical therapy, bracing, and magnetic resonance imaging of the left knee (October 24, 2014; showed findings compatible with a small intrasubstance tear and impingement. The treating physician documented a plan of care that included left knee arthroscopy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy Chondroplasty, lateral release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Chondroplasty. Decision based on Non-MTUS Citation Official Disability Guidelines, Indication 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 (ODG) knee.

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 10/24/14 does not demonstrate a clear chondral defect on MRI. Based on the above, the request is not medically necessary.