

Case Number:	CM13-0015142		
Date Assigned:	10/07/2013	Date of Injury:	01/17/2012
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 40-year-old gentleman who reported injuries to the bilateral knees in a work related accident on January 17, 2012. On January 16, 2013, [REDACTED] performed surgical arthroscopy and extensive chondroplasty to his right knee; there was noted to be grade IV changes to the patellofemoral compartment and trochlear groove, and grave IV changes to the medial femoral condyle with medial meniscus noted to be intact. It was also documented that a significant chondroplasty was performed to the lateral compartment though the degree of degenerative change was not indicated. Follow-up clinical assessment includes a handwritten PR2 report from July 22, 2013, indicating ongoing complaints of left knee pain with examination showing a +1 effusion, tenderness, 3 to 135 degrees range of motion, weakness and "reasonable" alignment with tenderness over the medial compartment. At that time, the claimant's intraoperative photos were reviewed, and the physician recommended a weight loss program, and a Carticel procedure for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carticel procedure.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Procedure: Autologous cartilage implantation (ACI); and the Official Disability Guidelines, Indications for Surgery: Autologous chondrocyte implantation (ACI)

Decision rationale: The California MTUS does not address the requested procedure. While Official Disability Guidelines do recommend the role of this procedure as a second line agent after initial arthroscopy or surgical intervention, very specific clinical criteria are given that would include a focal area of cartilage deficit down to, but not through the subchondral bone on the weight bearing surface of the femoral condyle, and not in the patella. Objective findings should include documentation that there is a stable knee with intact meniscus and normal joint space, an age less than 60, body mass index of less than 35, and indication that the procedure would not be performed for the treatment of degenerative arthritis. The claimant's clinical records indicate significant joint space narrowing as well as tricompartmental end stage arthrosis on both MRI scan and prior surgical arthroscopic assessment. This claimant does not appear to have a specific isolated deficit on a weight bearing surface but rather has a diagnosis of tricompartmental arthritis. The use of the above mentioned staged procedure would not be indicated given the claimant's advanced degenerative change. There is also not a body mass index documented in this case, but at the July 22, 2013 assessment with [REDACTED], it was indicated that the claimant would need to lose weight. This does raise concern for an elevated body mass index. Based on all of these things, the requested surgical intervention cannot be considered medically necessary.