

<b>Case Number:</b>	CM13-0033022		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Connecticut, North Carolina and Pennsylvania. 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 31-year-old who was injured on 03/09/11 and subsequently underwent arthroscopic microfracture surgery for a femoral chondral lesion estimated in size as 1 cm x 7 mm on 02/07/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OATS procedure, osteochondral fresh allograft implantation to medial femoral condyle:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th. Edition; 2013; Chapter knee: OATS.

**Decision rationale:** Given the size of this cartilaginous lesion and lack of documentation of appropriate nonsurgical care to date, following the surgical intervention, such as Cortisone injection, viscosupplementation therapy, unloader knee brace, and assessment of mechanical access of his extremity, osteoarticular fresh allograft implantation of the medial femoral condyle is not indicated or appropriate. Another concerning factor was there was chondromalacia of the

medial tibial plateau without intersecting mechanical access. Other cartilaginous surgical procedure should be undertaken or realignment procedures to the extremity. Peer review articles would not support the use of osteochondral fresh allograft in this instance following a prior stimulation technique. The surgical procedure is not indicated and supported in review of the medical records.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Preop Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.