MAXIMUS Federal Services

Case Number:	CM13-0041136		
Date Assigned:	12/20/2013	Date of Injury:	03/14/2012
Decision Date:	02/18/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 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 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 39-year-old gentleman who injured his right knee in a work related accident on 03/14/12. An operative report dated 10/01/12 documented that the claimant underwent an arthroscopic lateral retinacular release and medial femoral chondroplasty, performed by [redacted] The operative report documented the claimant had a Grade IV lesion of the medial femoral condyle, Grade II changes laterally with no documentation of patellar cartilage noted. An MRI scan performed postoperatively on 04/23/13 showed medial femoral condylar cartilage thinning with the patellar cartilage noted to be "unremarkable". Follow up assessment of 10/25/13 with [redacted] documented a physical examination that showed the right knee with swelling laterally, well healed incision, and painful motion to 125 degrees. There was a painful patellar compression test. [redacted] reviewed the claimant's right knee MRI scan at that time as well as radiographs from 07/20/12 that showed a lateral tilt. He documented that he now recommended a microfracture procedure to the claimant's patella and chondroplasty given his failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee microfracture of patellofemoral joint: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - Microfracture surgery (subchondral drilling)

Decision rationale: The Physician Reviewer's decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a microfracture procedure would not be indicated. Microfracture per Official Disability Guidelines criteria is only recommended for chondral defects of the weightbearing portions of the medial or lateral femoral condyle. It is not specifically recommended for patellofemoral changes. Interestingly enough, the claimant's recent MRI scan demonstrated the patellar articular cartilage to be "unremarkable". The role of a microfracture to the patellofemoral joint would be not supported at this stage in the claimant's clinical course of care.

possible chondroplasty: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - Chondroplasty.

Decision rationale: The Physician Reviewer's decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, chondroplasty also would not be indicated. The ODG Guidelines indicate that chondroplasty is not recommended in the isolated setting of knee osteoarthritis. This claimant's clinical picture would not support the acute need of a chondroplasty based upon the underlying imaging for review.

Post op PT 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Post Surgical Rehabilitative Guidelines, physical therapy in the postoperative setting would not be indicated as the role of operative intervention in this case has not yet been established.