

Case Number:	CM13-0041476		
Date Assigned:	12/20/2013	Date of Injury:	06/12/2012
Decision Date:	02/28/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/30/2013

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 Illinois, Texas, and West Virginia. 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 patient is a 39-year-old male who reported a work related injury on 06/12/2012, specific mechanism of injury as the result of a strain to the left knee. The patient presents for treatment of the following diagnoses, knee degenerative joint disease, knee osteochondral defect, left knee medial compartment chondromalacia, left knee joint effusion, baker's cyst, chondromalacia patella, meniscus derangement lateral posterior horn, meniscus derangement medial posterior horn. The patient is status post left knee arthroscopy, partial medial meniscectomy, lateral meniscectomy, and chondroplasty of the medial femoral condyle as of 06/25/2013. The patient completed a course of postoperative physical therapy interventions. A preoperative MRI of the left knee dated 04/17/2013 signed by [REDACTED] revealed: (1) full thickness medial meniscus posterior horn radial tear with meniscal extrusion. There was underlying degenerative signal within the meniscus; (2) medial compartment chondromalacia with areas of full thickness femoral condyle fissuring and subchondral marrow edema; (3) chondromalacia on the dorsal surface of the lateral femoral condyle; (4) mild patellofemoral chondromalacia; (5) large joint effusion and a large baker's cyst; and (6) mild muscle atrophy. The clinical note dated 09/26/2013 reports the patient was seen under the care of [REDACTED]. The provider documents upon physical exam of the patient's left knee, moderate suprapatellar evidence of joint effusion was noted. The provider documented moderate medial joint line tenderness. The provider documented the patient has a large chondral defect of the medial femoral condyle and has continued complaints of medial joint line tenderness and a moderate effusion. It is documented that the patient has undergone conservative care including physical therapy, anti-inflammatory medication, and modified activities. The provider reported the patient had normal knee alignment, normal medial compartment joint space, and a body mass index of less than 35. The

provider indicated treatment for this type of lesion included cartice/ACI or osteochondral allograft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left open knee with allograft OATS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter.

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 chapter.

Decision rationale: Official Disability Guidelines indicate there must be evidence of failure of previous subchondral drilling or microfracture, with a large full thickness chondral defect that measures less than 3 cm in diameter and 1 cm in bone depth on the weight bearing portion of the medial or lateral femoral condyle, and the knee is stable with intact fully functional menisci and ligaments. The patient is status post a partial medial meniscectomy and lateral meniscectomy as well as chondroplasty of the medial femoral condyle as of 06/25/2013. Given all of the above, the request for left open knee with allograft OATS is not medically necessary or appropriate.