

Case Number:	CM13-0042741		
Date Assigned:	12/27/2013	Date of Injury:	03/09/2011
Decision Date:	07/23/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Orthopaedic 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 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/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:

This 50-year-old male auditor and front desk agent sustained an industrial injury on 3/9/11. Injury occurred when he slipped and fell onto his left knee. The 9/10/12 left knee MRI impression documented a full thickness chondral defect involving the weight bearing surface of the medial femoral condyle. The patient underwent left knee arthroscopy with medial femoral chondroplasty on 12/10/12. The operative report documented a full thickness grade IV left knee osteochondral lesion measuring 1 cm x 0.5 cm full thickness. The 1/28/13 left knee x-rays demonstrated acceptable alignment and slight medial joint space narrowing. The 6/5/13 AME report cited complaints of bilateral knee pain. Left knee pain was constant and severe with weight bearing. Pain markedly interfered with activities of daily living. The patient required crutches for ambulation. Physical exam findings documented height 5'6", weight 203, antalgic gait, inability to bear weight on the left lower extremity, left knee range of motion -16 to 125 degrees, and 3+ to 4-/5 left knee strength. Left thigh measurement was 57 cm, compared to right 58 cm. There was medial and lateral joint line tenderness with no crepitation or patellar grinding. Joint stability was normal. Apley test was positive. There was left lateral gastroc tenderness with swelling. The diagnosis included grade IV left knee medial compartment chondral disease. The treatment plan recommended an OATS (osteochondral autograft transplant system) procedure. The 8/8/13 treating physician report cited left knee pain. Physical exam findings documented crutch use and range of motion 0-140 degrees. Discussion of meniscus tear and grade IX lesion was documented. The treatment plan was for arthroscopy with possible graft. The 9/17/13 utilization review denied the request for left knee meniscectomy with osteochondral graft with associated physical therapy as there was no imaging report available to document an osteochondral lesion or medial meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE MENISCECTOMY WITH OSTEOCHONDRAL GRAFT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Surgical Considerations, Meniscus Tears, 2nd Edition, 2008, Page 1020 -1021.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Meniscectomy, Osteochondral autograft transplant system (OATS).

Decision rationale: The Official Disability Guidelines criteria for meniscectomy require subjective and objective clinical exam findings that correspond to meniscal tear on imaging. Guideline criteria for the osteochondral autograft transplant system (OATS) include medication or physical therapy, and joint pain and swelling. Objective clinical findings include failure of previous subchondral drilling or microfracture, intact and fully functional menisci and ligaments, normal knee alignment, normal joint space, and body mass index less than 35. Imaging evidence of a chondral defect on the weight bearing portion of the medial or lateral femoral condyle is required. Guideline criteria have not been met. There is no evidence of a meniscal tear on the imaging findings of 9/10/12 or in the 12/10/12 arthroscopy report to support the medical necessity of meniscectomy. The OATS procedure is not supported if the menisci are not fully functional. The patient has previously undergone a chondroplasty but there is no documentation that he has failed previous subchondral drilling or microfracture. Therefore, this request for left knee meniscectomy with osteochondral graft is not medically necessary.

POST OPERATIVE PHYSICAL THERAPY 2-3 TIMES PER WEEK FOR 4-6 WEEKS, FOR A TOTAL OF 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: As request for left knee meniscectomy with osteochondral graft is not medically necessary, the request for post-operative physical therapy 2-3 times per week for 4-6 weeks, for a total of 12 visits, is also not medically necessary.