

<b>Case Number:</b>	CM13-0060065		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 New York. 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 33-year-old male the date of injury of May 1, 2012. The patient continues to have left knee pain and swelling with cracking and popping. The patient reports difficulty climbing stairs. Physical examination demonstrates left knee effusion, medial joint line tenderness, crepitus with motion and a positive patellar grind test. The patient has had multiple surgical procedures and conservative care. In 1997, the patient had previous autologous chondrocyte implantation surgery. In 2001, the patient had cartilage cell transplant surgery. At issue is whether left knee arthroscopy with repeat cultured chondrocyte Carticel surgery is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for 1 Left Knee Arthroscopy with autologous cultured chondrocyte implantation-Carticel, and unlisted procedure, femur or knee (CPT 27599) at [REDACTED] between 11/19/2013 and 03/19/2014: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The patient does have left knee pain and has attempted multiple conservative measures to include physical therapy. However, the patient does not meet establish guidelines for Carticel surgery. Specifically Carticel is not recommended when there is presence of joint space narrowing. Joint space narrowing indicate significant osteoarthritis. This finding is consistent on radiographs in this patient's over the course of care. Therefore, guidelines for Carticel are not met.