

Case Number:	CM13-0067220		
Date Assigned:	01/03/2014	Date of Injury:	07/31/2013
Decision Date:	05/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopedic 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:

The patient is a 45 year old male status post industrial injury 7/31/13. The exam note 11/6/13 demonstrates complaint of bilateral knee pain, stiffness, weakness, swelling, grinding and locking. The exam demonstrates medial joint line tenderness with positive McMurray. Tenderness noted on lateral joint line. MRI knee demonstrates horizontal oblique tear in medial meniscus and high grade cartilage loss at the posterior meniscal aspect of medial femoral condyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH PARTIAL MENISCECTOMY AS WELL AS BIOCARTILAGE TRANSPLANTATION WITH ARTHREX WITH MICROFRACTURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: The claimant does not meet medical necessity for biocartilage transplantation per the ODG criteria. Per the ODG criteria cited, osteochondral autograft is

recommend for Grade III/IV femoral condyle deficit in patients under 40 years of age. In this case the claimant is 45 years of age which is outside the guidelines. In addition the grade of the femoral condyle lesion is not demonstrated in the MRI of the left knee. Therefore the determination is for non-certification.

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.