

Case Number:	CM13-0069501		
Date Assigned:	05/12/2014	Date of Injury:	02/28/2013
Decision Date:	07/10/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/22/2013

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 Surgeon, has a subspecialty in Sports Medicine 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 injured worker is a 35-year-old male who reported an injury on 02/28/2013. The mechanism of injury was a motor vehicle accident. Prior treatments include physical therapy and Nonsteroidal anti-inflammatory drugs (NSAIDs). The injured worker had undergone a left knee arthroscopy for chondroplasty of the apex of the patella on 07/26/2013. The injured worker underwent a cortisone injection that resulted in 40% improvement of symptoms for approximately half of a day. The injured worker had a postoperative knee sprain. The documentation of 11/25/2013 revealed walking tolerance was currently 25 minutes and the injured worker was also unable to squat or kneel. The injured worker went up and down stairs 1 at a time and leads with his right extremity when going up the stairs. The diagnoses include knee sprain postoperative and patellar chondromalacia postoperative. The treatment plan and discussion indicated that the injured worker continued to experience retropatellar pain despite recent arthroscopy for patellar chondroplasty, demonstrating evidence of a full thickness well circumscribed lesion in the region of the apex of the patella. The injured worker had failed to respond to extensive conservative management including physical therapy, home exercises, anti-inflammatory medications and cortisone injections following the arthroscopic debridement. The request was made for an arthrotomy of the left knee for osteochondral allograft transplant versus possible osteochondral autograft transfer to the apex of the patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ARTHROTOMY WITH OSTEOSCHONDRAL AUTOGRAFT TRANSFER
PATELLA APEX: Upheld**

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines indicate that surgical consultations are appropriate for injured workers who have activity limitation for more than 1 month and a failure of exercise program to increase range of motion and strength of the musculature around the knee. Additionally, they indicate that cartilage grafts and/or transplantations for osteochondral defects are controversial and may be effective in patients less than 40 years old with active lifestyles, exhibiting a singular, traumatically caused grade 3 or grade 4 femoral chondral deficit. The diameter of the deficit should not exceed 20 mm for osteochondral autograft transplant system procedures. The clinical documentation submitted for review indicated the injured worker had failed conservative care. The operative report that demonstrated a full thickness well circumscribed lesion in the region of the apex was not provided. There were no magnetic resonance imaging (MRI) or plain radiographs provided for review. As such, there could be no support indicating the injured worker had a grade 3 or grade 4 femoral chondral deficit and the diameter of the deficit was less than 20 mm. Given the above, the request for left knee arthrotomy with osteochondral autograft transfer patella apex is not medically necessary.

POSTOPERATIVE PHYSICAL THERAPY QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.