

Case Number:	CM14-0006390		
Date Assigned:	02/07/2014	Date of Injury:	10/21/2011
Decision Date:	06/23/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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:

This is a 46-year-old female injured the left knee on 12/21/11 in a slip and fall at work. The clinical records provided for review indicate a prior history of anterior cruciate ligament reconstruction and medial meniscal repair taking place in December 2011 followed by a second surgery of arthroscopy, synovectomy, partial medial meniscectomy, and chondroplasty on 7/25/12. The claimant continues to have post-operative complaints. Post-operative imaging reports includes a 9/10/13 MR arthrogram of the left knee showing an intact anterior cruciate ligament graft, tricompartmental degenerative arthritis with full thickness cartilage loss to both the medial and lateral femoral condyles, and a 10 millimeter central demyelination of the cartilage at the trochlear groove. The records document that post-operative care has included physical therapy, medication management, as well as corticosteroid and viscosupplementation injections. A handwritten progress report dated 11/25/13 noted continued complaints of left knee pain and examination showed weakness and atrophy of the quadriceps and vastus medialis oblique, positive patellofemoral crepitation, positive tenderness to palpation over the medial joint line, and full range of motion. Based on failed post-operative care, a two stage arthroscopic procedure was recommended--the first a left knee arthroscopy with partial lateral meniscectomy and a bone harvest followed by a second procedure for arthrotomy with Carticel procedure for autologous cartilage implementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAGE 1 SURGERY; LEFT KNEE ARTHROSCOPY WITH PARTIAL LATERAL MENISCECTOMY AND AUTOLOGOUS HARVEST.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp, 18th Edition, 2014 Updates: Knee Procedure - Autologous Cartilage Implantation (ACI).

Decision rationale: California MTUS and ACOEM Guidelines do not address this topic. When looking at Official Disability Guidelines, the request for autologous cartilage implementation surgery in this case would not be indicated. The Official Disability Guidelines for the use of autologous chondrocyte implementation include exclusion criteria that would include patellofemoral articular surface or significant joint changes, history of prior meniscectomy, or joint space narrowing on standing plain film radiographs. This individual has significant tricompartmental degenerative arthritis including changes to the patellofemoral and trochlear groove and also has a history of prior meniscectomy. Based on the autologous chondrocyte implantation exclusion criteria, this individual would not be a reasonable candidate for the above-mentioned staged procedure. The request is not medically necessary and appropriate.

STAGE 2 SURGERY; LEFT KNEE ARTHROTOMY WITH AUTOLOGOUS CARTILAGE IMPLANTATION PROCEDURE OR CARTICEL PROCEDURE.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp, 18th Edition, 2014 Updates: Knee Procedure - Autologous Cartilage Implantation (ACI).

Decision rationale: This topic is not addressed by the CA MTUS or ACOEM Guidelines. Based on Official Disability Guidelines, the second stage of the above-mentioned procedure would not be indicated as the procedure as a whole has not been supported. The request is not medically necessary and appropriate.