

Case Number:	CM14-0100760		
Date Assigned:	07/30/2014	Date of Injury:	10/24/2012
Decision Date:	10/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 44 year old male who was injured on 10/24/2012 when he tripped and fell over a cement parking. He landed on both of his knees. Prior treatment history has included viscosupplementation to the right knee but still has difficulty kneeling, squatting, running or jumping. There are no diagnostic studies available for review. Ortho progress report dated 06/04/2014 states the patient presented for an injection into his left knee. He continued to complain of pain over the medial joint line, femoral condyle, tibial plateau, all indicative of a bone marrow edema and lesion. The patient is recommended for an injection of a bony paste substance to repair the so called stress fracture in the subchondral area. He is diagnosed with knee contusion, bilateral knee sprain/strain, rule out bilateral knee meniscal tear, and chondromalacia/patella. Prior utilization review dated 06/12/2014 states the request for Injection of the bony paste into the subchondral area is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of the bony paste into the subchondral area: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cartilage past grafting Arthroscopy March 2007 issue

Decision rationale: Chronic Pain Medical Treatment Guidelines, ACOEM, ODG does not address this request. There has been a small study performed in 2007 that showed that cartilage paste rafting reduces knee pain. However, it is noted that although this study shows promise in providing pain relief for patients that are suffering from arthritic knees, further investigation--more research involving a larger number of patients and longer follow-up--is needed. Based on the records provided, there is an absence in clinical prospective studies supporting this procedure. Therefore, Injection of the bony paste into the Subchondral area is not medically necessary.