

Case Number:	CM14-0109844		
Date Assigned:	08/04/2014	Date of Injury:	06/19/2014
Decision Date:	10/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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, 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 38-year-old male who reported an injury on 06/19/2014 due to hyperextending/jerked his knee. Diagnosis was chondromalacia. Past treatments were medications. Diagnostic studies were MRI of the right knee that revealed chondral flap lesion of the lateral femoral trochlea with displaced chondral fragment that extended from the superior aspect of the defect into the superior medial joint space adjacent to the patella, no evidence for a meniscal tear, and grade 1 to 2 sprain ACL. Surgical history was not reported. Physical examination on 07/02/2014 revealed complaints of the right knee catching and giving out. Pain level was reported a 7/10. Examination of the right knee revealed positive effusion, normal alignment, range of motion 0 through 125, no patellar crepitus, no patellar apprehension, positive medial joint line tenderness, no lateral joint line tenderness, no varus laxity, no valgus laxity, negative Lachman's, negative posterior drawer test, negative Dial test, 5/5 knee flexion/extension strength and positive tenderness at the patellofemoral joint line. Examination on 06/23/2014 revealed contralateral right knee has intact skin, no effusion, full range of motion, no instability and full strength. Treatment plan was for knee arthroscopy/surgery. The rationale was not submitted. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee arthroscopy/surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Microfracture Surgery (subchondral Drilling)

Decision rationale: The decision for knee arthroscopy/surgery is not medically necessary. The Official Disability Guidelines state microfracture surgery (subchondral drilling) is recommended for relatively small lesions. Microfracture surgery or subchondral drilling is an articular cartilage repair surgical technique, performed by arthroscopy, creating tiny fractures in the underlying bone, causing new cartilage to develop. The emerging consensus favors osteoarticular allograft transplants (OATS) and microfracture techniques for relatively small lesions and ACI or osteochondral allografting for larger ones. For articular cartilage injuries, ACI provides more durable results, but microfracture offers a faster recovery. The Official Disability Guidelines indications for surgery for a microfracture are conservative care methods should be documented as medication or physical therapy (minimum of 2 months) and subjective clinical findings of joint pain and swelling, objective clinical findings of a small fullness chondral defect on the weight bearing portion of the medial lateral femoral condyle and knee is stable with intact, fully functional menisci and ligaments, normal knee alignment, normal joint space, and ideal age 45 or younger. Also, there should be imaging clinical findings of chondral defect on the weight bearing portion of the medial or lateral femoral condyle on MRI or arthroscopy. Conservative care of medication or physical therapy for 2 months was not reported. Chondral defect on a weight bearing portion should be found on an MRI or arthroscopy. The clinical documentation submitted for review does not provide enough evidence to support a decision for knee arthroscopy/surgery. Therefore, this request is not medically necessary.