

Case Number:	CM14-0017312		
Date Assigned:	04/14/2014	Date of Injury:	07/03/2012
Decision Date:	05/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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:

The claimant is a 41-year-old gentleman who sustained a bilateral knee injury on July 3, 2012. An October 7, 2013, a follow-up note reflects a left knee diagnosis of grade IV (4) chondral change to the patellofemoral joint. Objective findings show positive compression testing and lateral patellofemoral joint pain. The records state that the claimant previously underwent a series of Orthovisc injections for the above diagnosis with no documented long-term improvement. His prior history includes a knee arthroscopy. Based on the claimant's isolated patellofemoral change, a patellofemoral arthroplasty using an Arthrosurface implant was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PATELLOFEMORAL ARTHROPLASTY USING ARTHROSURFACE: Upheld

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

WWW.NCBI.NLM.NIH.GOV/PUBMED/15995426 and

WWW.MAYOCLINIC.ORG/DOCUMENTS/MC6247-0512-PDF/DOC-20079225.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE.

Decision rationale: The Official Disability Guidelines indicate that focal joint resurfacing is not recommended until quality studies demonstrating its long-term efficacy are available. Focal resurfacing of a knee joint defect is a surgical procedure in which a limited amount of bone is removed from the surface of the joint and then replaced with a metal or metal/plastic implant. Given that the guidelines do not currently support the surgery in question, this request would not be medically indicated.