

Case Number:	CM14-0018583		
Date Assigned:	04/18/2014	Date of Injury:	09/19/2005
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/13/2014

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 46-year-old male teacher's aide sustained an industrial injury on 9/19/05. Injury occurred when he slipped and fell while playing ball with students. Injuries included a right wrist fracture and right knee torn tendon and anterior cruciate ligament. Past surgical history was positive for an open reduction and internal fixation of the right wrist on 9/22/05, and right knee arthroscopy and anterior cruciate ligament (ACL) reconstruction with bone patellar allograft on 8/3/06. Additional surgery to the right knee was reported including at the meniscal level, but not documented in the records. Past medical history was positive for obesity and diabetes. Records documented multiple requests for bariatric surgery and mesenchymal stem cell treatments of the right knee. Conservative treatments have included self-directed swimming 3 to 4 times per week. The 7/21/13 physical exam documented by the treating physician noted bilateral medial femoral condyle tenderness, 85 degrees of squat (stress flexion) with pain, and full passive flexion of 145 degrees without end-range pain. The medial and collateral ligaments were "very floppy" with 182 degrees of extension. The 1/20/14 treating physician progress report documented a history of right knee posterior dislocation and major neurologic injury that almost necessitated a nerve transplant. The right knee had become more unstable and was increasingly arthritic. The patient suffered a fall due to instability and sustained a plateau fracture of the left knee. Weight loss had been attempted but was difficult due to inability to exercise. Bariatric surgery had been recommended. Right knee exam documented anterior instability with anterior shift maneuver indicating posterior cruciate laxity. The patient's height was 69.5 inches and weight was 333 pounds. There was medial joint opening and swelling. There was marked synovitis, clumping and crunching indicative of arthritis, and marked tenderness over the femoral weight bearing surface. Authorization was requested for cartilage transplant right knee joint. The 1/27/14 utilization review denied the request for cartilage transplant right knee joint as there was no

imaging evidence of an osteochondral lesion that would necessitate this procedure, or documentation of comprehensive non-operative treatment failure. The 2/13/14 treating physician appeal letter for a right knee MRI documented that the patient had a partial foot drop on the right as a residual of the severe neurologic injury to the right leg due to the initial knee dislocation. He opined that follow-up imaging was needed to determine the condition of the articular cartilage. He stated that there were very few procedures for restoring articular cartilage and he was trying to save the knee joint and preserve functional ability. He reported that the last right knee MRI in his files was from April 2006. Right knee x-rays in November 2010 showed mild bi-compartmental joint space narrowing with minimal marginal spurring compatible with mild degenerative changes. The 4/6/14 treating physician report documented a lump in the right lateral anterior knee that was mobile but fixed. It felt like cartilaginous structure attached to the meniscus, or it could be a meniscal cyst or bony osteophyte. An x-ray and MRI were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARTILAGE TRANSPLANT RIGHT KNEE JOINT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Osteochondral Autograft Transplant System (OATS).

Decision rationale: Based on California ACOEM Guidelines, the role of cartilage transplantation in this individual would not be indicated. Records indicate a morbidly obese gentleman with no documentation of specific imaging at present. There would be no current indication of a lesion that would be consistent with need for cartilage grafting and/or transplanation. Better understanding of the claimant's clinical picture, particularly from an imaging point of view would need to be established. Specific request in this case is not medically necessary.