

<b>Case Number:</b>	CM14-0144175		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 patient is a 32-year-old male claimant with an industrial injury dated January 06, 2011. An MRI dated June 04, 2014 reveals mild joint effusion and synovitis seen with loose body fragment along the anteromedial aspect and recess of the joint space measuring 0.6 x 0.4cm. Also there was a small focal cartilage or osseous fragment and chondromalacia patella as well as chondral injury and arthrosis in the lateral compartment. X-rays dated June 09, 2014 state there is a 15% narrowing of the lateral space with moderate lateral PF tilt. Exam note July 14, 2014 states the patient returns with right knee pain. The patient explains there is an increase in pain and stiffness in the lateral aspect of the right knee. The patient has difficulty climbing stairs. Conservative treatments have included swimming, walking and medications. Upon physical exam there is 1+ effusion, synovitis, and atrophy noted. There was tenderness surrounding the medial joint line. The patient had a range of motion of 2/120'. The patient is noted to have a body mass index of 39. Treatment includes a right knee arthroscopic surgery, a knee brace, physical therapy, and a cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopic Surgery (re-do, posterior lateral corner surgery, osteoarticular transfer system): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, osteochondral autograft transplant system (OATS)

**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, Osteochondral autograft transplant system (OATS)

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines are silent on the issue of osteochondral transplant. According to the Official Disability Guidelines, osteochondral autograft transplant system (OATS), recommendation includes failure of conservative care or physical therapy plus joint pain and swelling and failure of previous subchondral drilling or microfracture. Other objective findings include a large full thickness chondral defect measuring less than 3cm in diameter and 1cm in bone depth on the weight-bearing portion of the medial and lateral femoral condyle. In addition, the knee must be stable with functional menisci and ligaments. The body mass index should be less than 35 and there should be chondral defect on weight bearing portion of the medial or lateral femoral condyle on MRI or arthroscopy. In this case, there is insufficient evidence on the exam note from July 14, 2014 of failed nonsurgical management, the MRI of the knee from June 4, 2014 demonstrating a lesion amenable to osteochondral transplant and a body mass index exceeding the recommendations. Therefore, the request is not medically necessary.

**Pre-Operative Labs (CBC, CMP, PT, PTT, and UA):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-Operative Clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Chest X-Ray:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Cold Therapy Unit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-Operative Knee Brace:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Physical Therapy Evaluation and Treatment (three times a week for four weeks):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.