

<b>Case Number:</b>	CM14-0149663		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 39 year old female with a 9/7/13 injury date. The patient sustained a right knee injury while walking up the stairs--the right knee suddenly popped and gave out. In an 8/25/14 ortho follow-up, subjective complaints included ongoing right knee pain with popping, grinding, and catching. She is having difficulty returning to work. Objective findings included marked tenderness over the medial femoral condyle and lateral femoral condyle, positive swelling and effusion, and positive crepitus with range of motion. A 1/6/14 right knee MRI showed full-thickness cartilage thinning of the weight-bearing portion of the lateral femoral condyle measuring 8 mm by 4 mm. A 5/14/14 arthroscopy revealed chondral defects of the medial and lateral femoral condyles that measured 16 mm by 15 mm and 20 mm by 14 mm, respectively. The patient's body mass index (BMI) is noted to be 24.6. Diagnostic impression: right knee osteochondral defects. Treatment to date: medications, right knee arthroscopy with synovectomy and abrasion arthroplasty (5/14/14), bracing, home exercise, activity modification, cortisone injection, physical therapy. A UR decision on 8/29/14 denied the requests for right knee 1st stage arthroscopy with hyaline cartilage biopsy and 2nd stage arthrotomy with autologous chondrocyte implantation because the guidelines only support the procedures for a single, clinically significant, lesion that measures between 1 to 10 square cm in area, and that affects the weight bearing surface.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee 2nd Stage Arthrotomy with Autologous Chondrocyte Implantation of Carticeal Procedure:** 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 & Leg, and Autologous Cartilage Implantation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter, Autologous Cartilage Implantation (ACI)

**Decision rationale:** CA MTUS does not address this issue. ODG criteria for autologous chondrocyte implantation (ACI) include the following objective findings: (1) failure of established surgical interventions (microfracture, drilling, abrasion), (2) focal articular cartilage defect down to but not through the subchondral bone on a load bearing surface of the femoral condyle, (3) a single, clinically significant lesion that measures between 1 to 10 sq. cm in area that affects the medial OR lateral femoral condyle, (4) no active inflammatory arthritis, (5) stable knee with intact meniscus and normal joint space on x-ray, (6) normal knee alignment, (7) patient age less than 60, and (8) body mass index of less than 35. In this case, the patient meets all of the above criteria except for #3, in which the patient has two significant lesions, one on each condyle. Therefore, the request for right knee 2nd stage arthrotomy with autologous chondrocyte implantation is not medically necessary.

**Right Knee 1st Stage Arthroscopy with Hyaline Cartilage Biopsy:** 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 & Leg, and Diagnostic Arthroscopy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-- Autologous Cartilage Implantation (ACI)

**Decision rationale:** CA MTUS does not address this issue. ODG criteria for autologous chondrocyte implantation (ACI) include the following objective findings: (1) failure of established surgical interventions (microfracture, drilling, abrasion), (2) focal articular cartilage defect down to but not through the subchondral bone on a load bearing surface of the femoral condyle, (3) a single, clinically significant lesion that measures between 1 to 10 sq. cm in area that affects the medial OR lateral femoral condyle, (4) no active inflammatory arthritis, (5) stable knee with intact meniscus and normal joint space on x-ray, (6) normal knee alignment, (7) patient age less than 60, and (8) body mass index of less than 35. In this case, the patient meets all of the above criteria except for #3, in which the patient has two significant lesions, one on each condyle. Therefore, the request for right knee 1st stage arthroscopy with Hyaline Cartilage Biopsy is not medically necessary.

