

Case Number:	CM14-0153538		
Date Assigned:	09/23/2014	Date of Injury:	05/23/2014
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 General 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 64 year old male sustained injury 5/23/14 to his right knee. He has been diagnosed with right knee osteochondritis dissecans of the medial femoral condyle with bone marrow edema and a medial meniscus tear. A right knee MRI 7/7/14 showed a mild sprain of the medial collateral ligament, a post horn and medial meniscus tear, and an osteochondral lesion of the weigh bearing surface of the medial femoral condyle 1.5 x 0.8 x 0.4 cm in dimension with edema and a small joint effusion. The patient attended 2 of 6 physical therapy sessions without benefit. He complained of stiffness, weakness, swelling, and locking but no giving way. On examination there was medial femoral condylar and medial joint line tenderness with a full range of motion, no weakness, no limp, and no atrophy. An OATS procedure has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

12 post-operative physical therapy visits: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 right knee arthroscopy with meniscal and cartilage work as needed combined with right knee open fresh frozen allograft OATS to the medial femoral condyle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Knee & Leg, (Acute and Chronic) (updated 11/26/10), OATS procedure.

Decision rationale: Criteria that have not been met include: Failure of previous subchondral drilling or microfracture AND Knee is stable with intact, fully functional menisci and ligaments. AND Normal knee alignment. AND Normal joint space. AND Body mass index of less than 35. The BMI is 36.3 and that might be acceptable, however, these other factors are necessary to meet medical evidence-based Guidelines. "ODG Indications for Surgery Osteochondral Autograft Transplant System (OATS): Criteria for osteochondral autograph transfer system [OATS] procedure: 1. Conservative Care: Medication or Physical therapy. 2. Subjective Clinical Findings: Joint pain and swelling. 3. Objective Clinical Findings: Failure of previous subchondral drilling or microfracture: Large full thickness chondral defect that measures less than 3 cm in diameter and 1 cm in bone depth on the weight bearing portion of the medial or lateral femoral condyle. AND Knee is stable with intact, fully functional menisci and ligaments and normal knee alignment and normal joint space and Body Mass Index of less than 35. 4. Imaging Clinical Findings: Chondral defect on the weight-bearing portion of the medial or lateral femoral condyle on: MRI or Arthroscopy." Therefore this request is not medically necessary.