

<b>Case Number:</b>	CM14-0160905		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 spinal surgery and is licensed to practice in New York. 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:

Patient has a date of injury of June 18, 2013. She was injured while working as a waitress when she slipped and fell on her left knee. Patient suffered a left knee patella fracture and was treated with a knee immobilizer for 3 months. MRI imaging from December 2013 show chondromalacia of the patella with intact ligaments and menisci. X-rays of the knee show degenerative knee changes with fracture off the lateral aspect of the patella. The patient is a 31-year-old with knee pain. The patient had a left knee patella fracture. The patient had left knee surgery in August 2014. On physical examination left knee wounds are clean and healing with no sign of infection from the surgery. Range of motion was limited secondary to pain and stiffness. Patient is diagnosed with left knee pain, status post patella fracture, and chondromalacia. At issue is whether left knee arthroscopy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroscopy Amniotic Injection into space between the delaminated articular cartilage in the bone of the patella:** Upheld

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

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

**Decision rationale:** Amniotic fluid injections via arthroscopy into the left knee remain experimental at this time. There are no long-term outcomes studies to demonstrate the efficacy of this technique. It remains purely experimental. Long-term outcomes are not known. The efficacy of this technique is unclear and not supported by current literature. Guidelines do not support the use of this experimental technique. Therefore the request is not medically necessary.

**Autologous, chondrocyte implantation biopsy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cartilage biopsy for autologous chondrocyte implantation <http://www.ncbi.nlm.nih.gov/pubmed/23794104>

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

**Decision rationale:** This patient does not meet ODG criteria for autologous chondrocyte implantation biopsy. Specifically the medical records do not document that the patient has failed at least 2 months of physical therapy. In addition the medical records do not document that the lesion of cartilage is large enough to warrant autologous chondrocyte implantation. The patient does not meet defined criteria for this procedure. The medical records do not support the indication for this procedure. Therefore the request is not medically necessary.

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

**Pre-op Laboratories:** 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.