

Case Number:	CM14-0179804		
Date Assigned:	11/04/2014	Date of Injury:	06/18/2013
Decision Date:	12/18/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and earlier diagnostic arthroscopy and synovial debulking surgery on April 15, 2012. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for a left knee arthroscopy with associated articular cartilage autologous chondrocyte implantation and associated medical clearance. The claims administrator took the position that non-MTUS ODG Guidelines did not recommend autologous chondrocyte implantation procedures. The applicant's attorney subsequently appealed. MRI imaging of the knee of December 3, 2013 was notable for mild chondromalacia with intact ligaments, tendons, and menisci. In a progress note dated October 16, 2014, the applicant reported ongoing complaints of knee pain, apparently the result of a patellar fracture. The applicant had initially been treated with a knee immobilizer and a knee sleeve. Persistent complaints of knee throbbing, swelling, and catching were noted. Tenderness was appreciated about the patella with 100 degrees of motion and a decreasing effusion. Additional physical therapy and home exercises were sought. The applicant was asked to undergo an amniotic fluid injection via arthroscopy. The attending provider acknowledged that this was an experimental procedure but that there was a chance that it could help the applicant's articular cartilage to heal. The attending provider stated that, if successful, that this procedure would obviate the need for more invasive procedures such as an osteochondral autograft, an autologous chondrocyte implantation procedure, and/or a patellofemoral replacement procedure. Work restrictions and oral ketoprofen were endorsed. The applicant was asked to undergo 12 additional sessions of physical therapy. Somewhat incongruously, the attending provider then wrote at the

top of the report that he was keeping the applicant off of work, on total temporary disability, through November 6, 2014. In a September 4, 2014 progress note, the applicant presented with persistent complaints of knee pain. The applicant was again asked to continue active therapies. It was stated that an amniotic fluid injection could promote healing of the articular cartilage to the underlying bone without any actual detachment and could potentially obviate the need for autologous chondrocyte implantation and/or a patellofemoral replacement procedure. The applicant was kept off of work, on total temporary disability.

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 the space between the delaminated articular cartilage, bone of the patella, autologous, chondrocyte implantation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 10/7/14), Amniotic membrane allograft (AmnioFix) / Autologous cartilage implantation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee Chapter, Amniotic Membrane Allograft topic

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that allograft transplantation and/or stem cell injections, of which the amniotic injections in question are a subset, are deemed "investigational techniques." Similarly, ODG's Knee Chapter amniotic membrane allograft topic notes that amniotic injections are "not recommended" for use in knee surgery. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that chondrocyte implantations and/or cartilage grafting is recommended for select applicants less than 40 years old with evidence of a single, traumatically caused grade III or grade IV femoral condyle deficit, in this case, however, there was no mention of the applicant's carrying a diagnosis of grade III or grade IV condylar deficit. Earlier MRI imaging of December 3, 2013 was notable only for "mild chondromalacia." It does not appear, thus, that the applicant is an appropriate candidate for the autologous chondrocyte implantation component of the request. It is further noted that the attending provider wrote in his progress notes that he would attempt the amniotic fluid injection before considering other treatments such as the autologous chondrocyte implantation. The request for authorization, however, seemingly contains a request for both articles, namely the amniotic injection and the chondrocyte implantation. The Request for Authorization (RFA), thus, is at odds with the attending provider's own progress notes. For all of the stated reasons, then, both components of the request, namely the amniotic injection and the autologous chondrocyte implantation, are not medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=4808>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13 does not specifically address the topic of preoperative clearance, the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 183 do acknowledge that "careful preoperative education" of the applicant is "recommended" regarding expectations, complications, and long and short-term sequelae of surgery. Here, however, the surgical request in question 1 was deemed not medically necessary. The derivative or companion request for a preoperative clearance evaluation is, thus, likewise not medically necessary.