MAXIMUS Federal Services

Case Number:	CM14-0020687		
Date Assigned:	04/30/2014	Date of Injury:	09/25/2013
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 claimant is a 47-year-old gentleman who injured the right knee on 09/25/13 when he was squatting down to pick up a bag and felt an immediate onset of pain. The imaging report of a right knee MRI from 11/21/13 identified an osteochondral defect of the medial femoral condyle noted to be quite large up to 4centimeters in diameter. There was also chondromalacia of the patella, large joint effusion, moderate underlying degenerative arthrosis, but no evidence of meniscal pathology. The follow-up clinical visit on 12/05/13 noted continued complaints of pain with an inability to fully extend the knee. Physical examination showed 15 to 120 degrees range of motion, effusion and diffuse tenderness with no instability. The claimant's imaging was reviewed including MRI scan that shows large osteochondral fragment. The recommendation was made for an arthroscopy with an OATS procedure for the osteochondral injury to the medial femoral condyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY RIGHT KNEE WITH ALLOGARFT OSTEOCHONDRAL AND ABRASION ARTHROPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 341, 345.

Decision rationale: California ACOEM Guidelines do not support the role of the proposed procedure. ACOEM Guidelines recommend an OATS procedure if the diameter of the defect does not exceed 20 millimeters. This individual's defect is noted to be 4 centimeters in length, clearly exceeding the ACOEM Guideline criteria. The specific request for the proposed OATS procedure in this individual with significant chondral defect would not be supported as medically necessary.