MAXIMUS Federal Services

Case Number:	CM14-0042027		
Date Assigned:	06/30/2014	Date of Injury:	11/14/2013
Decision Date:	07/23/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 Orthopaedic 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 33-year-old male deputy sheriff sustained an industrial injury on 11/14/13. The injury occurred when he was jumping over a chair lift going up a staircase, and his left knee buckled causing him to fall. Past medical history was positive for left knee arthroscopy for chondromalacia patella. Conservative treatment to the left knee had included plasma rich protein, Orthovisc injection, 20+ physical therapy sessions, cold therapy, and anti-inflammatory medication. The 1/6/14 treating physician report cited worsening left knee pain when he went back on patrol duty with buckling. Left knee exam documented 1+effusion with patellofemoral compression tenderness and medial joint line tenderness. The treatment plan recommended left knee arthroscopy for treatment of his patellofemoral arthritis. The patient was returned to modified duty. The 3/3/14 right knee MRI impression documented tricompartmental degenerative changes, progressed since 4/19/11. There was grade 3-4 patellofemoral chondromalacia and grade 2-3 chondromalacia of the medial and lateral compartments. There is a full-thickness lateral femoral condyle chondral fissure. Ligaments were intact. The 3/10/14 treating physician report cited Magnetic Resonance Imaging (MRI) findings of further deterioration of the patellofemoral arthritis to a rather significant degree. This deterioration was causing continued and increasing knee pain, especially in flexion. A left knee arthroscopy with possible microfracture of his patella and possibly a lateral release was recommended. Associated durable medical items for post-operative use were requested. The 3/28/14 utilization review denied the request for left knee arthroscopy as guidelines do not support arthroscopic surgery for osteoarthritis, as it provides no additional benefit compared to optimized physical and medical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Arthroscopy of the left knee: microfracture of patella, lateral release and debridement with post operative rental of CMP and CTU for ten days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy, Continuous passive motion (CPM), Microfracture surgery (subchondral drilling).

Decision rationale: The California MTUS does not provide recommendations for chronic knee conditions. The Official Disability Guidelines recommend microfracture for relatively small chondral lesions. Criteria for microfracture surgery include 2 months of conservative treatment, joint pain and swelling, knee is stable with fully functional menisci and ligaments, normal knee alignment and joint space, age 45 or younger, and imaging findings of a small full thickness chondral defect on the weight bearing portion of the medial or lateral femoral condyle. Regarding continuous passive motion, guidelines recommend use for 4 to 10 days. Guidelines state that continuous passive motion may benefit cartilage and joint health in post-operative rehabilitation. Continuous flow cryotherapy is recommended as an option after surgery for up to 7 days. Guideline criteria have been met. This 33-year-old patient has failed appropriate and comprehensive conservative treatment with continued left knee pain limiting function. The knee is stable with intact ligaments and menisci, and normal alignment. There is a full-thickness lateral femoral condyle chondral fissure. Therefore, this request for outpatient arthroscopy of the left knee with microfracture of patella, lateral release and debridement with post-operative rental of continuous passive motion and a cold therapy unit for ten days is medically necessary.