

Case Number:	CM14-0057436		
Date Assigned:	07/09/2014	Date of Injury:	02/07/2012
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 26-year-old male sustained an industrial injury on 2/7/12. The injury occurred when he got his leg caught between a parked vehicle and another that backed into him. He underwent left anterior cruciate ligament reconstruction on 10/4/12. The 6/10/13 left knee MRI documented an intact anterior cruciate ligament graft, evidence of prior medial meniscectomy with degenerative changes, subchondral edema and sclerosis, and small joint effusion. The 3/26/14 treating physician report indicated the patient had persistent pain and discomfort with occasional swelling following surgery and completion of a standard rehabilitation program. He had been unable to return to work or sports activities. Left knee x-rays demonstrated early joint space narrowing of the medial compartment with early to moderate hypertrophic changes over the medial compartment. Standing x-rays showed physiologic varus alignment with mechanical axis running through the medial tibial spine of the knee. Surgery was recommended to include a two-stage procedure for medial meniscus transplant and autologous cartilage implant given the fairly significant posttraumatic arthritis. The first procedure would be an arthroscopy to harvest cartilage and evaluate the chondral lesion. The 4/15/14 utilization review denied the request for left knee arthroscopy with cartilage harvest as there was no evaluation of the joint surfaces with arthroscopy and debridement along with possible micro fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee arthroscopy/surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery- Autologous chondrocyte implantation (ACI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Osteochondral autograft transplant system (OATS).

Decision rationale: The California MTUS guidelines state that cartilage grafts and/or transplantations for osteochondral defects may be effective in patients less than 40 years old with active lifestyles, exhibiting a singular, traumatically caused grade III or IV femoral condyle deficit. Grafts and transplants are not recommended for individuals with obesity, inflammatory conditions or osteoarthritis, other chondral defects, associated ligamentous or meniscus pathology, and who are greater than 55 years of age. Guideline criteria for the (OATS) include medication or physical therapy, and joint pain and swelling. Objective clinical findings include failure of previous subchondral drilling or micro fracture, intact and fully functional menisci and ligaments, normal knee alignment, normal joint space, and body mass index less than 35. Imaging evidence of a chondral defect on the weight bearing portion of the medial or lateral femoral condyle is required. Guideline criteria have not been met. There is no clear imaging evidence of a grade III or IV femoral condyle deficit. A request is noted for meniscal transplant. Grafts and transplants are not recommended when there is significant meniscal pathology. There is no evidence that guideline recommended operative treatment has been tried. Therefore, this request for left knee arthroscopy/surgery is not medically necessary.