

Case Number:	CM14-0067702		
Date Assigned:	07/18/2014	Date of Injury:	01/18/2012
Decision Date:	09/26/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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 34-year-old male sustained an industrial injury on 1/18/12 relative to a slip and fall. He sustained a laceration to the right medial knee that required sutures. He underwent an arthroscopic partial lateral meniscectomy and chondroplasty on 5/2/12. The patient completed a post-op physical therapy program and returned to modified duty for a short period of time. Records documented persistent right knee pain with recurrent effusions, clicking and popping that precluded continued work. The 12/27/12 right knee MRI impression documented grade IV chondromalacia of the lateral femoral condyle, an articular cartilage chondral defect 3x5 mm of the medial femoral condyle, a loose body 6x8 mm in the trochlear groove and interarticular notch, and post-operative changes of the lateral meniscus. The 4/23/14 treating physician report cited continued right medial knee pain with occasional clicking and popping. Physical exam documented no effusion or swelling with tenderness along the medial joint line, medial femoral condyle, and lateral joint line. The medial and lateral patellar facets were tender. Range of motion was 0-125 degrees with diffuse pain. There was no varus/valgus laxity or instability and Lachman and pivot shift were negative. Quadriceps and hamstring strength were excellent. The treatment plan recommended right knee arthroscopy with loose body removal and possible microfracture. The 5/5/14 utilization review denied the request for right knee surgery based on insufficient clinical documentation relative to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Surgery with Loose body Removal and Possible Micro-Fracture at Medial Femoral Condyle: Overturned

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: Micro-fracture Surgery Procedure.

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, Microfracture surgery (subchondral drilling).

Decision rationale: The California MTUS do not provide surgical criteria specific to the requested procedure. The Official Disability Guidelines provide specific indications for microfracture surgery that require conservative treatment (medication or physical therapy) for a minimum of 2 months and joint pain and swelling. Objective clinical findings are required to include all the following: small full thickness chondral defect on the weight bearing portion of the medial or lateral femoral condyle, stable knee with intact and fully functional menisci and ligaments, normal knee alignment, normal joint space, and ideal age 45 or younger. Imaging findings demonstrating a chondral defect on the weight bearing portion of the medial or lateral femoral condyle are required. Guideline criteria have been met. Objective clinical findings and imaging evidence consistent with a chondral defect of the medial femoral condyle and chondromalacia of the lateral femoral condyle. Guideline-recommended conservative treatment has been tried and failed to provide sustained improvement. Therefore, Right Knee Arthroscopic Surgery with Loose body Removal and Possible Micro-Fracture at Medial Femoral Condyle is medically necessary.