

Case Number:	CM14-0140673		
Date Assigned:	09/10/2014	Date of Injury:	05/02/2012
Decision Date:	01/15/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/29/2014

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 Orthopedic Surgeon 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 is a 60 year old female with a 5/2/12 injury date. In a 7/25/14 note, the patient complained of persistent left knee pain and discomfort, Objective findings included exquisite medial joint line tenderness, pain with hyperflexion, and positive lateral joint line tenderness. The provider diagnosed the patient with left knee tricompartmental osteoarthritis and recommended arthroscopy with subchondroplasty. Given the patient has a history of three previous knee scopes, a knee replacement in the future would be a reasonable option. In a 6/4/14 QME note, the provider noted severe degenerative changes in the left knee and stated that the best course at this point is total knee arthroplasty. Diagnostic impression: left knee chondromalacia, osteoarthritis. Treatment to date: Synvisc One injection, left knee arthroscopy with micro fracture (2012), physical therapy, medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic subchondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347 table 13-6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Sharkey PF, Cohen SB, Leinberry CF, Parvizi J. Subchondral bone marrow lesions

associated with knee osteoarthritis. Am J Orthop 41:413-417, 2012. FDA 510 (K) Approval Summary (Knee Creations AccuFill Bone Substitute). Available at: http://www.accessdata.fda.gov/cdrh_docs/pdf9/K093447.pdf Accessed on December 10, 2014. Farr J, Cohen SB. Expanding Applications of the Subchondroplasty Procedure

Decision rationale: CA MTUS and ODG do not address this issue. "Subchondroplasty" has been recently introduced as a novel biologic treatment for knee osteoarthritis in patients with MRI evidence of focal areas of symptomatic knee subchondral bone marrow lesions (i.e. tibial plateau, femoral condyle). "Subchondroplasty" is a proprietary term to describe the technique of injecting calcium phosphate synthetic bone-void filler into the spaces between the trabeculae of cancellous bone in the subchondral region of a knee joint. The procedure involves the delivery/injection of a self-setting, macro-porous, osteoconductive calcium phosphate bone graft substitute material to fill between bone trabeculae and/or bony voids or gaps that are not intrinsic to the stability of the bony structure. This is accomplished under fluoroscopic guidance. Once in position, an endothermic reaction allows the calcium phosphate to crystallize with a porosity and strength that mimics healthy cancellous bone. Over time, osteoclasts or osteoblasts can utilize this scaffold-like implant to remodel local bone. The bone graft material used during "subchondroplasty" has received FDA 510(k) approval for delivery into surgically created osseous defects or osseous defects secondary to traumatic injury during the bone healing process. However, this biologic treatment for knee osteoarthritis is just beginning to evolve and reports are very limited. There is insufficient clinical evidence of safety and efficacy in the peer-reviewed medical literature to characterize "subchondroplasty" as anything other than investigational/experimental for treatment of knee osteoarthritis. More randomized controlled studies are needed to determine the safety and efficacy of this procedure. Therefore, the request for left knee arthroscopic subchondroplasty is not medically necessary.