

Case Number:	CM14-0209955		
Date Assigned:	12/22/2014	Date of Injury:	08/12/2014
Decision Date:	02/20/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 injured worker is a 38-year-old male who reported an injury on 08/12/2014. The mechanism of injury was a hyperextension injury. The surgical history was not provided. The documentation of 10/06/2014 revealed the injured worker was treated with a brace, Relafen, tramadol, and physical therapy without lasting relief. The injured worker was noted to have feelings of instability. The physician documented the injured worker had undergone an MRI, which revealed degenerative signal alteration in the anterior cruciate ligament and 8 by 8 mm high grade chondral loss of the medial trochlea in the patellofemoral joint. The injured worker had patella alta; however, there were no meniscal tears. The diagnoses included high grade chondral loss in the medial trochlea of approximately 8 by 8 mm. the treatment plan included the physician opined the injured worker had a loose body due to the acute chondral defect and the recommendation was for an arthroscopy of the left knee with possible microfracture and osteochondral autograft transfer and a possible removal of loose body if it was found during the procedure. Prior surgical history was noted to be none. The injured worker underwent an x-ray on 11/04/2014 which revealed no subchondral sclerosis, no lipping or spurring, and no degenerative changes in the left knee. There was significant edema around the area of the medial trochlea with decreased medial joint space. The documentation on that date additionally indicated the injured worker had loose bodies per the MRI. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscope, Possible Loose Body, Oats/Micro Fracture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 & Leg Chapter, Loose body removal surgery (arthroscopy), Microfracture surgery (subchondral drilling)

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that surgical consultation may be appropriate for injured workers who have activity limitations for more than 1 month and a failure of exercise programs to increase the range of motion and strength of musculature around the knee. Additionally, they indicate that osteochondral defects may be effective in injured workers less than 40 years of age with active lifestyles and the diameter of the deficit should not exceed 20 mm for osteochondral autograft transplant systems. The clinical documentation submitted for review failed to indicate the injured worker had a failure of conservative care. The injured worker was noted to have multiple sessions of therapy; however, a failure was not noted. The guidelines do not specifically address loose body removal or microfracture surgery. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that loose body removal is recommended where symptoms are consistent with a loose body after failure of conservative treatment, but knee arthroscopic surgery for treatment of osteoarthritis is not recommended. The clinical documentation submitted for review failed to indicate the injured worker had objective as well as physical findings to support a diagnosis of loose bodies. The physician documentation indicated if, during the surgical intervention loose bodies were found, he would remove at that time. However, the requested surgical intervention would not be supported. Furthermore, the guidelines recommend microfracture surgery for injured workers who have documentation of a failure of conservative care, including medication or physical therapy, have joint pain and swelling, and objective findings of small full thickness chondral defect on the weight bearing portion of the medial or lateral femoral condyle and the knee is stable and intact with fully functional menisci and ligaments and normal knee alignment and normal joint space and the ideal age would be 45 or younger, plus there should be documentation of a chondral defect on the weight bearing portion of the medial or lateral femoral condyle on MRI. The documentation submitted for review failed to provide documentation of a failure of conservative care. There was a lack of documentation indicating the injured worker had joint swelling and a small full thickness chondral defect on the weight bearing portion of the medial or lateral femoral condyle and knee stability and normal joint space upon physical evaluation. Given the above, and the lack of documentation to support the necessity for all of the procedures requested, the request for Left Knee Arthroscope, Possible Loose Body, Oats/Microfracture is not medically necessary.