

Case Number:	CM15-0131267		
Date Assigned:	07/17/2015	Date of Injury:	03/27/2014
Decision Date:	08/19/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 30 year old male, who sustained an industrial injury on March 27, 2014. The injured worker was diagnosed as being status post arthroscopy, chondroplasty, meniscectomy and anterior cruciate ligament (ACL) repair. Treatment to date has included surgery, physical therapy and medication. A progress note dated March 30, 2015 provides the injured worker complains of left knee pain. Physical exam notes left knee tenderness and swelling. X-ray was reviewed. The plan includes surgical intervention with associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

DeNovo cartilage reconstruction of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Juvenile cartilage allograft tissue implant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, (updated 7/10/2015). Topic: Juvenile cartilage allograft tissue implant.

Decision rationale: California MTUS is silent on this issue. ODG guidelines are therefore used. ODG guidelines updated 7/10/2015 do not recommend juvenile cartilage allograft tissue implants. The de novo NT Natural Tissue Graft ([REDACTED]), a minced juvenile cartilage allograft and the de novo ET Engineered Tissue Graft, a tissue engineered juvenile cartilage graft have been proposed for the treatment of articular cartilage lesions. There is insufficient evidence to determine the safety and efficacy of these procedures in the treatment of articular cartilage defects of the knee. As such, the procedure is not recommended. In light of the foregoing, the request for this surgical procedure is not supported and the medical necessity of the request has not been substantiated.

Pre-operative complete blood count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, (updated 7/10/2015). Topic: Juvenile cartilage allograft tissue implant.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative urinalysis (UA): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, (updated 7/10/2015). Topic: Juvenile cartilage allograft tissue implant.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.