

Case Number:	CM15-0164538		
Date Assigned:	09/01/2015	Date of Injury:	06/02/2014
Decision Date:	10/05/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/21/2015

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: California, Oregon, Washington
 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:

This is a 50 year old female who reported an industrial injury on 6-2-2014. Her diagnoses, and or impressions, were noted to include: internal derangement of right knee, status-post surgery (10- 8-14). No current imaging studies of the cervical spine were noted. Her treatments were noted to include: surgery; activity modifications; use of cane; ice therapy; medication management; and modified work duties. The progress notes of (undated) reported a follow up right knee arthroscopy, debridement of chondral defect medial femoral condyle on 10-8-2014, with ongoing and increased medial knee pain and resulting in the inability to return to modified work duties; as well as her request in asking if anything else could be done. Objective findings were noted to include: healed arthroscopy scars; painful and decreased range-of-motion; tender medial femoral condyle; medial pain with McMurray's. The physician's requests for treatments were noted to include right knee osteochondral grafting of defect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy osteochondral grafting or defect: Upheld

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

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 section, osteochondral autograft transplant system (OATS).

Decision rationale: CA MTUS/ACOEM is silent on the issue of osteochondral transplant. Per the ODG, Knee and Leg section, osteochondral autograft transplant system (OATS), recommendation includes failure of conservative care or physical therapy plus joint pain and swelling and failure of previous subchondral drilling or microfracture. Other objective findings include a large full thickness chondral defect measuring less than 3 cm in diameter and 1 cm in bone depth on the weight bearing portion of the medial and lateral femoral condyle. In addition the knee must be stable with functional menisci and ligaments. The body mass index should be less than 35, age less than 40 and there should be chondral defect on weight bearing portion of the medial or lateral femoral condyle on MRI or arthroscopy. In this case there is insufficient evidence on the exam notes provided of failed nonsurgical management. The patient exceed the age specified by ODG for this procedure. There is no MRI of the knee that demonstrates a lesion amenable to osteochondral transplant. Therefore the determination is for non-certification. The request is not medically necessary.