

<b>Case Number:</b>	CM15-0183506		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	11/05/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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:

The injured worker is a 26 year old male, who sustained an industrial injury on 9-17-2012. The injured worker is undergoing treatment for: bilateral patellar tendinitis, right knee pain. On 7-6-2012, he reported having had knee problems since he was 13 years old and had been diagnosed with Osgood-schlatter's disease. On 7-28-2015, he reported continued right knee pain. Physical examination revealed swelling and tenderness. He also reported left knee pain for which the provider noted "we have requested him previous documentation for the patient to be referred out for high tibial osteotomy along with meniscal transplant for the diagnosis of knee pain and status post total lateral meniscectomy". The provider noted x-ray and magnetic resonance imaging findings revealed absent lateral meniscus and joint space narrowing. Diagnostic testing results-reports are not available for this review. The treatment and diagnostic testing to date has included: magnetic resonance imaging of bilateral knees (2012), physical therapy, home exercise program, neoprene patellar knee sleeve, orthovisc injections, right knee surgery (2013). A magnetic resonance imaging of the right knee completed in October 2013 is reported as revealing a complete absence of lateral meniscus, ACL appears to be intact. Medications have included: Volatren XR. Current work status: temporarily disabled. The request for authorization is for: HTO meniscal transplant for right knee. The UR dated 8-20-15: non-certified right knee HTO meniscal transplant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**High tibial osteotomy (HTO) and lateral meniscal transplant of the right 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 (ODG), Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee / Meniscal allograft transplantation.

**Decision rationale:** Per ODG Indications for Surgery-Meniscal allograft transplantation: 1. Conservative Care: Physical therapy. OR Nonsteroidal anti-inflammatory drugs (NSAID). OR Activity modification. PLUS 2. Subjective Clinical Findings: Capable and willing to follow the rehabilitation protocol. AND Knee pain that has not responded to conservative treatment. PLUS 3. Objective Clinical Findings: Previous meniscectomy with at least two-thirds of the meniscus removed. AND If Modified Outerbridge Scale Grade III then debridement must first produce an articular surface sufficiently free of irregularities to maintain the integrity of the transplanted meniscus. AND Stable knee with intact ligaments, normal alignment, and normal joint space. AND Ideal age 20-45 years (too young for total knee). AND Body Mass Index of less than 35. PLUS 4. Imaging Clinical Findings: Articular cartilage in the affected compartment demonstrates a chondrosis classified by the Modified Outerbridge Scale as Grade I, Grade II, or Grade III. Meniscal Allograft Transplantation Exclusion Criteria: Meniscal Allograft Transplantation is not recommended in the following circumstances: Mild to severe localized or diffuse arthritic condition that appears on standing x-ray as joint space narrowing, osteophytes, or changes in the underlying bone; Articular cartilage in the affected compartment demonstrates a chondrosis classified by the Modified Outerbridge Scale as Grade III that has not undergone debridement; Grade III with debridement that has not produced an articular surface that can maintain the integrity of the transplanted meniscus; or Grade IV. In this case, no reports for the plain radiographs or MRI have been provided. Thus, it is not possible to verify that this patient does meet ODG criteria for the proposed surgery. Therefore, the request is not medically necessary.