

Case Number:	CM15-0197975		
Date Assigned:	10/13/2015	Date of Injury:	06/29/2009
Decision Date:	12/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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, Indiana, Oregon
 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 injured worker is a 49 year old male who reported an industrial injury on 6-29-2009. His diagnoses, and or impressions, were noted to include: knee sprain, post-operative; internal derangement of medial and lateral meniscus of knee, post-operative. No current imaging studies were noted. His treatments were noted to include: a qualified medical evaluation on 4-15-2015; a series of Orthovisc injections (8-2015) - 25 percent effective x 10 weeks; a home exercise program; medication management; and restricted work duties, though he was ordered kept off work pending further treatment on 9-9-2015. The orthopedic progress notes of 9-9-2015 reported: a return visit following arthroscopy of the left knee for debridement of partial recurrent tearing of the medial and lateral meniscus, following transplant and mild chondroplasty (10-7-14); that his symptoms were ongoing to the point where he was suffering from depression and was evaluated by a psychologist; a discussion of options for continued conservative care versus surgical treatment with total knee arthroplasty; and his decision to not remain on pain medications the rest of his life and wished to assess his progress and for further treatment recommendation. The objective findings were noted to include: moderately-severe quadriceps weakness; moderate, diffuse lateral tenderness of the tibio-femoral joint line, and severe diffuse medial tenderness; and a weight bearing line of 22-46 out of 48 percent on hip-knee-ankle long-leg alignment X-ray, indicating for a high tibial corrective osteotomy; and that despite efforts for reconstructing his knee, he continued with persistent pain which impacted his activities of daily living, quality of life and his ability to return to work, and led to depression and seeing a psychologist. The physician's requests for treatment were noted to include a preferred biologic

intervention with osteochondral allograft transplant to the medial and lateral femoral condyles. The Request for Authorization, dated 9-17-2015, was noted for: an inpatient left knee lateral medial and lateral femoral condyle osteochondral allograft transplant x 2, with an assistant surgeon and sizing X-ray at the time of surgery; as well as post-operative Percocet 5-325 mg, 1-2 tabs every 4-6 hours as needed for pain, #120 with 1 refill, and post-operative physical therapy, "right" knee, 2 x a week x 6 weeks. The Utilization Review of 9-24-2015 non-certified the request for: left knee lateral medial and lateral femoral condyle osteochondral allograft transplant, with an assistant surgeon and intra-operative left knee X-ray; as well as post-operative Percocet 5-325 mg, #120, and post-operative physical therapy, 12 sessions, for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee medial femoral condyle osteochondral allograft transplant, QTY: 1.00: 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 Official Disability Guidelines (ODG) Knee.

Decision rationale: This injured worker is a 49 year old male who reported an industrial injury on 6-29-2009. His diagnoses, and or impressions, were noted to include: knee sprain, post-operative; internal derangement of medial and lateral meniscus of knee, post-operative. No current imaging studies were noted. His treatments were noted to include: a qualified medical evaluation on 4-15-2015; a series of Orthovisc injections (8-2015) - 25 percent effective x 10 weeks; a home exercise program; medication management; and restricted work duties, though he was ordered kept off work pending further treatment on 9-9-2015. The orthopedic progress notes of 9-9-2015 reported: a return visit following arthroscopy of the left knee for debridement of partial recurrent tearing of the medial and lateral meniscus, following transplant and mild chondroplasty (10-7-14); that his symptoms were ongoing to the point where he was suffering from depression and was evaluated by a psychologist; a discussion of options for continued conservative care versus surgical treatment with total knee arthroplasty; and his decision to not remain on pain medications the rest of his life and wished to assess his progress and for further treatment recommendation. The objective findings were noted to include: moderately-severe quadriceps weakness; moderate, diffuse lateral tenderness of the tibio-femoral joint line, and severe diffuse medial tenderness; and a weight bearing line of 22-46 out of 48 percent on hip-knee-ankle long-leg alignment X-ray, indicating for a high tibial corrective osteotomy; and that despite efforts for reconstructing his knee, he continued with persistent pain which impacted his activities of daily living, quality of life and his ability to return to work, and led to depression and seeing a psychologist. The physician's requests for treatment were noted to include a preferred biologic intervention with osteochondral allograft transplant to the medial and lateral femoral condyles. The Request for Authorization, dated 9-17-2015, was noted for: an inpatient left knee lateral medial and lateral femoral condyle osteochondral allograft transplant x 2, with an assistant surgeon and sizing X-ray at the time of surgery; as well as post-operative Percocet 5-325 mg, 1-2 tabs every 4-6 hours as needed for pain, #120 with 1 refill, and post-operative

physical therapy, "right" knee, 2 x a week x 6 weeks. The Utilization Review of 9-24-2015 non-certified the request for: left knee lateral medial and lateral femoral condyle osteochondral allograft transplant, with an assistant surgeon and intra-operative left knee X-ray; as well as post-operative Percocet 5-325 mg, #120, and post-operative physical therapy, 12 sessions, for the left knee.

Left knee lateral femoral condyle osteochondral allograft transplant, QTY: 1.00: 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 Official Disability Guidelines (ODG) Knee.

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 no recent imaging provided and the patient is older than 40. The request is not medically necessary.

Associated surgical service: Assistant surgeon, QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: X-ray of left knee in surgery for sizing, QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Percocet 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore the request is not medically necessary.

Post-operative physical therapy left knee, QTY: 12.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.