MAXIMUS Federal Services

Case Number:	CM15-0058407		
Date Assigned:	04/03/2015	Date of Injury:	10/06/2012
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/27/2015

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: Illinois, California, Texas
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 35-year-old female who sustained an industrial injury on 10/6/12. Injury occurred when she fell approximately 5 feet from a ladder. She underwent right knee arthroscopy with microfracture of the medial and lateral condyles and lateral release on 11/15/13. The 7/10/14 right knee complete x-rays documented early osteoarthritic changes of the lateral and patellofemoral compartments. The 11/7/14 right knee MRI documented focal cartilage fissuring in the patellar articular cartilage on the lateral facet representing moderate focal chondromalacia, and mild to moderate chondromalacia in the weight bearing portion of the medial femoral condyle with some cartilage fissuring. There was an osteochondral lesion seen in the weight bearing portion of the lateral femoral condyle with some subchondral bone marrow edema. The 2/24/15 treating physician report cited knee pain and stiffness with a clicking and grating sensation. She reported the knee cap seemed out of place and she felt off balance. Conservative treatment had included steroid injection with minimal help, physical therapy, and cane use. Physical exam documented tenderness to palpation medial and inferior to the joint line, medial joint line pain, 1+ effusion, normal Q angle, negative Mcmurray's, no knee weakness, normal varus/valgus, normal patellar tracking, and negative Lachman's, anterior drawer, and pivot shift test. Range of motion was 0-120 degrees. X-rays were reported positive for osteochondral defect of the right knee involving the medial femoral condyle. The exercise was osteoarthritis of the knee with osteochondral defect of the medial femoral condyle. The treatment plan included knee brace, home physical therapy for range of motion and strengthening, and modified duty. Authorization was requested for osteochondral autograft transplant. The 3/16/15 utilization

review non-certified the request for right knee osteochondral transplant as guidelines require an arthroscopy prior to OATS and there is not one documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee osteochondral transplant: Overturned

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): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Osteochondral autograft transplant system (OATS).

Decision rationale: The California MTUS guidelines state that cartilage grafts and/or transplantations for osteochondral defects may be effective in patients less than 40 years old with active lifestyles, exhibiting a singular traumatically caused grade III or IV femoral condyle deficit. The Official Disability Guidelines provide specific criteria for osteochondral transplant that include medication or physical therapy, plus joint pain and swelling. Objective clinical findings criteria include failure of previous subchondral drilling or microfracture, intact and fully functional menisci and ligaments, normal knee alignment, normal joint space, and body mass index less than 35. Imaging evidence of a large full thickness chondral defect that measures less than 3 cm in diameter and 1 cm in bone depth on the weight bearing portion of the medial or lateral femoral condyle is required. Guideline criteria have been met. This patient presents with persistent function-limiting knee pain and swelling with associated clicking and grating. She has failed to improve despite physical therapy and prior operative treatment. She is status post microfracture of the medial and lateral condyles. Clinical exam was negative for meniscal or ligamentous instability, there was normal alignment, and body mass index was less than 35. There is imaging evidence of a large full thickness chondral defect measuring 1.0 x 1.4 cm on the lateral femoral condyle. Therefore, this request is medically necessary.