

Case Number:	CM15-0086300		
Date Assigned:	05/08/2015	Date of Injury:	05/14/2012
Decision Date:	06/10/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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:

The 52 year old female injured worker suffered an industrial injury on 05/14/2012. The diagnoses included left knee joint contracture. The diagnostics included left knee magnetic resonance imaging and x-rays. The injured worker had been treated with surgery on 4/20/2015. The treating provider reported persistent left knee pain and swelling that is achy and difficult to walk for distances. The injured worker wants to resume skiing as he had been doing that sport for 20 years. There was moderated stiffness, residual and persistent crepitus and synovitis with buckling. The injured worker had a grade III/IV chondral defect with prior failed subchondral drilling/ microfracture. The treatment plan included Left knee video arthroscopy with Arthrex osteoarticular transfer system surgery and Cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee video arthroscopy, arthrex osteoarticular transfer system surgery, meniscus repair and patella femoral surgery, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ODG-TWC Knee and

Leg Procedure Summary, Indications for Surgery, Osteochondral Autograft Transplant System (OATS).

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 the worker's age is 55 and therefore does not meet guideline criteria. The request is not medically necessary.

Cold therapy unit, purchase or rental times 14 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary, Continuous Flow Cryotherapy.

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 review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Knee Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request exceeds guideline duration and is therefore not medically necessary.