

Case Number:	CM14-0133425		
Date Assigned:	08/25/2014	Date of Injury:	04/04/2013
Decision Date:	09/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old male sustained an industrial injury on 4/4/13. The mechanism of injury was not documented. The patient underwent right knee anterior cruciate ligament reconstruction, microfracture lateral tibial plateau and partial lateral meniscectomy on 6/25/13. Operative findings noted a grade 4 lesion on the lateral tibial plateau. The patient continued to have right knee pain following surgery but was able to return to work in a supervisory capacity. A recent trial of viscosupplementation failed to improve the pain complaint. The 4/10/14 right knee x-rays showed some narrowing of the lateral joint space. The 5/5/14 right knee MRI documented mild kinking and a small partial tear of the anterior cruciate ligament graft. There was a mild reactive signal change versus stress response in the posterior cruciate ligament. There was stable high-grade cartilage wear along the posterior aspect of the lateral tibial plateau with small marginal cartilage flap, persisting reactive marrow change and subcortical cysts. The medial meniscus was degenerated with a closed horizontal tear in the posterior horn but no gross destabilization of tissue. The lateral meniscal body segment was truncated, small, reflecting partial meniscectomy. The 7/3/14 treating physician report cited continued lateral right knee pain. Physical exam noted an antalgic gait, lateral joint line tenderness, and lateral varicose veins. The treatment plan recommended right knee arthroscopy to see if he was a candidate for repeat microfracture, osteoarticular transfer, or perhaps unicompartmental knee replacement. A request was submitted for right knee arthroscopy microfracture and post-op physical therapy 2x6. The 7/29/14 utilization review denied the request for right knee arthroscopy with microfracture as there was no imaging evidence of full thickness cartilage loss and the meniscus was not intact. The 8/8/14 treating physician note appealed the denial of the right knee arthroscopy. The patient had full thickness cartilage loss on the lateral tibial plateau at the time of his previous arthroscopy and his recent MRI showed denuded cartilage in the same location, associated with significant thickness

cartilage loss. The MRI showed that the meniscus was intact to slightly truncated from the previous partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Microfracture: 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 and Leg, Microfracture.

Decision rationale: The California MTUS do not provide surgical criteria specific to the requested procedure. The Official Disability Guidelines provide specific indications for microfracture surgery that require conservative treatment (medication or physical therapy) for a minimum of 2 months and joint pain and swelling. Objective clinical findings are required to include all the following: small full thickness chondral defect on the weight bearing portion of the medial or lateral femoral condyle, stable knee with intact and fully functional menisci and ligaments, normal knee alignment, normal joint space, and ideal age 45 or younger. Imaging findings demonstrating a chondral defect on the weight bearing portion of the medial or lateral femoral condyle are required. Guideline criteria have not been met. Records indicate that there is narrowing of the lateral joint space. Imaging findings noted medial meniscus degeneration with a closed horizontal tear, a small tear of the anterior cruciate ligament graft, and truncated lateral meniscus. There was no definitive imaging evidence of full thickness cartilage loss and the meniscus was not intact. Therefore, this request is not medically necessary.

Post Op Physical Therapy of 2x6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.