

<b>Case Number:</b>	CM14-0149648		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Virginia. 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:

The injured worker is a 37-year-old female who reported an injury on 02/17/2013, due to an unspecified mechanism of injury. The injured worker complained of pain to the right knee. The past surgeries included a right knee arthroscopy with lateral condyle grade 4 chondral defect microfracture. The injured worker had a diagnosis of right knee patellofemoral syndrome. No medications noted. No visual analog scale (VAS) was noted. The MRI of the right knee dated 05/02/2014 revealed improved osteochondral defect in the lateral femoral condyle, and worsening cartilage thinning in the medial patellar facet. No evidence of meniscal tear or degeneration. The ligaments were unremarkable. No effusion with mild irregularity of the cartilage in the weight bearing femoral condyle, but no focal defect. The objective findings dated 08/04/2014 of the right knee revealed slight atrophy of the vastus medialis obliques muscle. Muscle strength was 5-/5 isometric straight leg and short arc quadriceps testing tender with diffuse peripatellar palpation as well as over the lateral femoral condyle in deep flexion. Negative for joint effusion. No significant ligamentous laxity. Past treatment included physical therapy, knee brace, and gym exercise program. The treatment plan included a second look arthroscopy of the right knee with de Novo stem cell treatment if necessary. Request for Authorization dated 08/04/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Second look arthroscopy for the right knee with de novo stem cell treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The request for 1 second look arthroscopy for the right knee with de Novo stem cell treatment is not medically necessary. The California MTUS/ACOEM states that cartilage grafts and/or transplantations for osteochondral defects are still somewhat controversial despite some scientific evidence of their effectiveness. These procedures are technically difficult and require specific physician expertise. They may be effective in patients less than 40 years old with active lifestyles, exhibiting a singular, traumatically caused grade 3 or 4 femoral condyle defect. The diameter of the defect should not exceed 20 mm of osteochondral autograft transplant system (OATS) procedures. The OATS technique could be a suitable and cost effective therapy, possibly preventing, or, at least, delaying the development of osteoarthritis. Grafts and transplants are not recommended for individuals with obesity, inflammatory conditions or osteoarthritis, other chondral defects, associated ligamentous or meniscus pathology, or who are greater than 55 years of age. The MRI revealed that the lateral femoral condyle osteochondral defect was much less evident with a mild irregularity of the cartilage in the weight bearing femoral condyle, but no focal deficit. The documentation provided does not establish the injured worker's degree of knee symptoms being caused by the lateral cartilage defect, as the injured worker is also noted to have anterior patellofemoral syndrome. The clinical notes indicated that the injured worker's signs and symptoms have improved, and is participating in her aerobic therapy, continued exercise program including conditioning and strengthening and no medications noted. The clinical notes were not evident that the injured worker had failed conservative care. Based on the above, the request is not supported at this time. As such, the request is not medically necessary.

**Associated surgical service: 8 Post-op physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic)

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.