

<b>Case Number:</b>	CM14-0149993		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/29/2014
<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 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 30-year-old male sustained an industrial injury on 10/30/13. Injury occurred when he slipped on a roof tile, and twisted his left knee. The patient was diagnosed with an articular cartilage injury of the patella, left knee. The 12/11/13 left knee MRI findings documented a 7x7 mm area of poorly defined bone marrow edema in the central patella, full thickness patellar chondromalacia, and medial patellar plica. Records indicated that the patient had a body mass index of 35.36. He underwent left knee diagnostic arthroscopy with minor chondroplasty of the patella and biopsy for chondral side autograft on 2/28/14. The 8/19/14 treating physician report cited on-going parapatellar pain increased with bending. Pain was worse since surgery. Physical exam documented slight loss of left knee flexion with small effusion, mild decrease in quadriceps tone, mild tenderness to palpation, and grade 2 patellar crepitation. There was no instability. X-rays demonstrated slight increased lateral patellar tilt. The treatment plan recommended autologous chondrocyte implantation with tibial tubercle osteotomy. He will require a simultaneous tibial tubercle osteotomy to ensure a very central patellofemoral joint post-operatively. The 8/29/14 utilization review denied the request for autologous chondrocyte implantation in association with elevated BMI and as guideline criteria had not been met based on a patellar defect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Autochondrocyte implant knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

**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, Autologous Chondrocyte Implantation (ACI).

**Decision rationale:** The California MTUS guidelines do not provide recommendations for autologous chondrocyte implantation (ACI). The Official Disability Guidelines recommend autologous chondrocyte implantation as a second-line therapy after failure of initial arthroscopic or surgery repairs. Surgical indications include failure of a conservative treatment, including 2 months of physical therapy. The injured worker must be capable and willing to follow the rehabilitation protocol and post-operative weight bearing restrictions, and there is disabling pain and/or knee locking. Objective clinical finding indications include focal articular cartilage defect down to, but not through, the subchondral bone on a load bearing surface of the femoral condyle (medial, lateral, trochlear) (not in the patella); and single, clinically significant, lesion that measures between 1 to 10 sq. cm in area that affects a weight-bearing surface of the medial or lateral femoral condyle; and normal knee alignment; and body mass index of less than 35. Imaging clinical finding indications included a chondral defect on the weight bearing surface of the medial or lateral femoral condyle on MRI or arthroscopy. Guideline criteria have not been met. This patient presents with full thickness patellar chondromalacia. There is no evidence of a focal articular cartilage defect in the weight bearing surface of the medial, lateral, or trochlear femoral condyle. There is evidence of a slight increased lateral patellar tilt requiring surgical correction. Body mass index exceeds guideline criteria. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure, including 2 months of physical therapy, has not been submitted. Therefore, this request is not medically necessary.