MAXIMUS Federal Services

Case Number:	CM14-0160841		
Date Assigned:	10/06/2014	Date of Injury:	11/28/2012
Decision Date:	11/03/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/30/2014

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 and is licensed to practice in Minnesota. 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 52 year old male with a history of left knee pain related to an injury date of 06/28/2012. The request mentions degenerative pain and there is a question of a medial meniscal tear for which arthroscopy and partial medial meniscectomy was requested in July 2014 and was non-certified for lack of imaging studies or specific indications on 7/24/2014. The notes from 9/4/2014 indicate no change in the left knee pain, and left ankle pain. A diagnosis of medial meniscal tear is mentioned but not supported by mechanical symptoms or imaging studies. The disputed request is for arthroscopy for harvesting cartilage for the left knee. The request is not supported by indications or rationale for an autologous chondrocyte implantation that would necessitate the harvesting procedure. There is no documentation of the articular cartilage defect which needs to be single, measuring 1-10 sq cm on a weight bearing surface of the medial or lateral femoral condyle with prior failed arthroscopic drilling. There are specific subjective and objective criteria for this procedure including intact menisci and ligaments and healthy remaining articular cartilage which is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy for harvesting of cartilage for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter and Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee and leg, Autologous Cartilage Implantation (ACI)

Decision rationale: CA MTUS does not mention Autologous Chondrocyte Implantation but does indicate a trial of conservative treatment with exercise programs to increase range of motion and strength prior to surgical considerations. On page 345 the cartilage grafts and transplantations are mentioned including the OATS procedure. ODG has specific criteria for Autologous Chondrocyte Implantation which include subjective pain and locking, failure of initial arthroscopic drilling or microfraction of the defect, size of the defect between 1 and 10 sq.cm., location on a weight bearing surface of the medial or lateral femoral condyle, intact menisci and ligaments, depth of the defect down to bone but with intact subchondral bone, less than 7 mm deep and with an intact joint space and otherwise healthy joint, BMI less than 35 and no kissing lesion or inflammatory or degenerative arthritis. The criteria are very specific. The documentation submitted with this request does not meet these criteria. No information pertaining to the defect is submitted. The requested procedure of arthroscopy for harvesting cartilage from the left knee is therefore not medically necessary.