

Case Number:	CM14-0065555		
Date Assigned:	08/08/2014	Date of Injury:	10/13/2010
Decision Date:	01/12/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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 48 year old male with tricompartmental osteoarthritis of both knees. He has undergone multiple arthroscopic procedures on both knees. There is tricompartmental eburnation, degenerative meniscal tears and areas of reactive marrow edema noted in both knees. In the left knee there is a large effusion and osteochondral loose bodies and full thickness tear of an anterior cruciate ligament graft. This is a request for subchondroplasty of both knees. The request was non-certified by Utilization Review using ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Subchondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Subchondroplasty

Decision rationale: California MTUS does not address this issue. ODG guidelines do not recommend subchondroplasty. Its use is not supported for full thickness chondral defects or joint space narrowing in osteoarthritis. It has been used for consistently painful bruising on MRI or

bone scan with weight bearing pain but the evidence is limited or lacking. As such, the request for subchondroplasty of the right knee is not supported by guidelines and is not medically necessary.

Right knee Subchondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Subchondroplasty

Decision rationale: California MTUS does not address this issue. ODG guidelines do not recommend subchondroplasty. Its use is not supported for full thickness chondral defects or joint space narrowing in osteoarthritis. It has been used for consistently painful bruising on MRI or bone scan with weight bearing pain but the evidence is limited or lacking. As such, the request for subchondroplasty of the right knee is not supported by guidelines and is not medically necessary.

Physical Therapy for bilateral knees 2 times a week for 6 weeks Qty: 12: Upheld

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

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.

Crutches: Upheld

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

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.