

<b>Case Number:</b>	CM15-0129813		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 is a 38 year old male with an August 7, 2012 date of injury. A progress note dated May 27, 2015 documents subjective complaints (left knee pain), objective findings (trace effusion of the left knee; severe tenderness to palpation of the left medial joint line; no tenderness to palpation of the lateral joint line; decreased range of motion of the right knee), and current diagnoses (left knee medial femoral condyle articular cartilage defect). Treatments to date have included left knee arthroscopy, offloading brace which does help but causes pain on the lateral aspect of the knee, steroid injections, viscose supplementation, medications, x-rays of the left knee (showed good maintenance of joint space, with no obvious arthritis or fractures), and magnetic resonance imaging of the left knee (showed a high-grade articular cartilage defect in the medial femoral condyle). The treating physician documented a plan of care that included a uni-compartmental arthroplasty of the left knee with associated services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cartilage resurfacing in form of autologous chondrocyte implantation, left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of osteochondral transplant. Per the ODG, Knee and Leg section, osteochondral autograft transplant system (OATS), recommendation includes failure of conservative care or physical therapy plus joint pain and swelling and failure of previous subchondral drilling or microfracture. Other objective findings include a large full thickness chondral defect measuring less than 3 cm in diameter and 1 cm in bone depth on the weight bearing portion of the medial and lateral femoral condyle. In addition the knee must be stable with functional menisci and ligaments. The body mass index should be less than 35, age less than 40 and there should be chondral defect on weight bearing portion of the medial or lateral femoral condyle on MRI or arthroscopy. In this case, BMI is over 40 and therefore, the request the guideline criteria are not met and the request is not medically necessary.

**Harvesting chondrocytes for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of osteochondral transplant. Per the ODG, Knee and Leg section, osteochondral autograft transplant system (OATS), recommendation includes failure of conservative care or physical therapy plus joint pain and swelling and failure of previous subchondral drilling or microfracture. Other objective findings include a large full thickness chondral defect measuring less than 3 cm in diameter and 1 cm in bone depth on the weight bearing portion of the medial and lateral femoral condyle. In addition the knee must be stable with functional menisci and ligaments. The body mass index should be less than 35, age less than 40 and there should be chondral defect on weight bearing portion of the medial or lateral femoral condyle on MRI or arthroscopy. In this case, BMI is over 40 and therefore, the request the guideline criteria are not met and the request is not medically necessary.

**Uni-compartmental arthroplasty, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. In this case BMI is over 40 and therefore, the request the guideline criteria are not met and the request is not medically necessary.