

Case Number:	CM15-0176976		
Date Assigned:	09/17/2015	Date of Injury:	03/09/2015
Decision Date:	11/24/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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:

The injured worker is a 49 year old female who sustained an industrial injury on 03-09-2015. She reported left knee pain. Treatment to date has included medications and physical therapy. An MRI performed on 06-10-2015 demonstrated a medial meniscus tear as well as a fracture of the medial tibial plateau. According to an orthopedic consultation dated 07-14-2015, the injured worker reported ongoing pain in the left knee that radiated distally down toward the foot and increased with prolonged weight bearing. She had clicking and pain with walking. She also reported some right knee pain secondary to over compensation. She was currently working from home on modified duty. Radiographs demonstrated a 3.0 millimeter of medial and 7.0 millimeter of lateral joint space on standing anterior posterior and flexed view. There was 4.0 millimeter and 6.0 millimeter of lateral joint space on the right. There was normal patellofemoral alignment. Impression included subchondral fracture without displacement, left medial tibial plateau and left knee medial meniscus tear. The provider noted that it was not likely that the meniscus tear was causing significant complaints of pain. "Her pain was therefore likely due to the subchondral bone injury". She was instructed to begin crutch walking. The provider noted that if symptoms persisted, the injured worker would be a candidate for a sub-chondroplasty procedure injection calcium phosphate into this area to try to help heal and stiffen the bone defect area. On 07-17-2015, the injured worker reported pain level was rated 9 on a scale of 1-10 and was sharp with numbness and tingling radiating down to the left ankle. Left knee range of motion was 5-90 degrees. There was positive medial compartment tenderness and 1 plus effusion. Motor and sensory exam and deep tendon reflexes were intact. The provider noted that the MRI

demonstrated medial meniscus tear as well as an insufficient fracture of the medial tibial plateau and that sub-chondroplasty under fluoroscopic guidance was the most appropriate way to stabilize the bone. According to a progress report dated 07-28-2015, the injured worker developed spontaneous calf pain and noted ankle and distal calf swelling. She kept it elevated overnight and the swelling improved but the pain continued in the calf. She had been home bound and minimally active. She denied history of clots, hormone use or smoking. Objective findings included left calf painful with palpation posterior and no swelling. Diagnoses included left knee medial meniscus tear, left knee subchondral tibial plateau to fracture and possible deep vein thrombosis. The treatment plan included urgent duplex ultrasound left lower extremity. On 08-11-2015, the provider noted a negative doppler. An authorization request dated 08-10-2015 was submitted for review. The requested services included left knee subchondral plasty procedure with calcium phosphate for chronic subchondral fracture, left knee arthroscopy with partial meniscectomy, assistant surgeon, Norco, post-op physical therapy, cold therapy unit rental x 7 days and CPM machine rental for 7 days. On 08-25-2015, Utilization Review non-certified the request for left knee subchondral plasty with calcium phosphate, continuous passive motion unit x 7 days, associated surgical services: assistant surgeon and surgery and subchondral plasty with calcium phosphate. The request for left knee arthroscopy with partial meniscectomy and post-operative physical therapy 2 times a week for 4 weeks was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee subchondral plasty with calcium phosphate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/11774307> Effects on articular cartilage of subchondral replacement with polymethylmethacrylate and calcium phosphate cement; ODG Knee & Leg (updated 7/10/15) Subchondroplasty.

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 subchondroplasty for the knee. ODG knee is referenced. Not recommended. Use is not supported for full thickness chondral defects or joint space narrowing in osteoarthritis. Has been used for consistently painful bone bruising on MRI or bone scan, with weight bearing pain, but evidence is limited or lacking. There is no quality peer-reviewed literature. In this case the request is for a procedure not recommended by guidelines and is therefore not medically necessary.

Associated surgical services: CPM (continuous passive motion) unit x7 days: 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 & Leg Continuous passive motion.

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 CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case, the approved surgical procedure is knee arthroscopy. The CPM is not medically necessary after this minor surgical procedure.

Associated surgical services: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Surgical Assistant.

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 a surgical assistant. ODG low back is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is knee arthroscopy. Given the level of complexity of the surgery it is not felt to be medically necessary to have an assistant.

Surgery and subchondral plasty with calcium phosphate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/11774307> Effects on articular cartilage of subchondral replacement with polymethylmethacrylate and calcium phosphate cement.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.