

<b>Case Number:</b>	CM15-0177081		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, Oregon, Washington  
 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 57-year-old male who sustained an industrial injury November 2, 2011. Past history included two arthroscopic surgeries including; left knee partial medial meniscectomy January 13, 2012 and a left knee medial meniscectomy June 3, 2013, aspiration of the left knee, failed cortisone injections as well as viscosupplementation, L5-S1 herniated nucleus pulposus and sciatica. According to an orthopedic physician's notes dated May 18, 2015, the injured worker presented with left knee medial pain, aggravating factor is movement and nothing makes it feel better. He currently takes Oxycodone for knee pain. Physical examination revealed; 6'1" and 198 pounds; pain at rest is a 4 out of 10; pain with activities 8 out of 10; moderate swelling; difficulty ascending and descending the stairs; active range of motion flexion right 135 degrees and left 112 degrees; extension right -1 and left +4; passive range of motion flexion right 129 degrees and left 99 degrees; extension right 11 and left +11. Impression is documented as absence medial meniscus, left. Recommendation and at issue, is a request for authorization for a left knee meniscal allograft replacement, microfracture stem-cell release, bone marrow aspiration, major debridement, chondroplasty. An MRI of the left knee dated March 21, 2015 (report present in the medical record) impression; post-meniscectomy changes of the body and posterior horn of the medial meniscus; the body is intact with no recurrent tear; there are degenerative changes and superior fraying of the residual posterior horn with findings consistent with a small recurrent horizontal tear; ligaments are all intact; mild chondrosis of the medial femoral condyle; moderate chondrosis of the medial patellar facet with partial thickness

fissure and articular cartilage loss; early degenerative spurring of the margins of the intercondylar notch; joint effusion and complex Baker's cyst with superior popliteal cyst rupture. According to utilization review dated August 7, 2015, the request for left knee medial meniscal allograft replacement, microfracture stem-cell release, bone marrow aspiration, major debridement, chondroplasty is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left knee medial meniscal allograft replacement, microfracture stem-cell release, bone marrow aspiration, major debridement, chondroplasty:** 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 and Leg procedure - Meniscal allograft transplantation, Chondroplasty.

**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 Chapter, Arthroscopic Surgery for osteoarthritis.

**Decision rationale:** According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." As the patient has significant osteoarthritis, the request is not medically necessary.