MAXIMUS Federal Services

Case Number:	CM15-0071436		
Date Assigned:	04/21/2015	Date of Injury:	10/01/2013
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Reportedly associated with an industrial injury of October 1, 2013. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve a request for a left knee chondroplasty-Genzyme biopsy procedure. The claims administrator referenced a March 17, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed.On January 9, 2015, the applicant reported ongoing complaints of knee pain with associated popping and clicking. The applicant was on Ultracet for pain relief. The applicant is status post left knee earlier failed arthroscopy. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. The applicant was asked transfer care to a knee specialist. Norco and tramadol were renewed at the bottom of the report. On March 17, 2015, the applicant reported ongoing complaints of knee pain. Tenderness about the patella was noted. The applicant was asked to pursue a left knee arthroscopy, debridement, chondroplasty, and articular cartilage Genzyme ACI biopsy. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. The attending provider referenced x-rays of the bilateral knees of March 17, 2015 demonstrating a healed avulsion fracture about the inferior pole of the left patella. The attending provider also referenced a left knee MRI of October 23, 2014 demonstrating grade II change within the posterior horn of the medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee chondroplasty genzyme biopsy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Knee Osteoarthrosis was previously thought to be treatable by arthroscopy.(369) However, arthroscopy is currently not believed to be helpful, and arthroscopy with chondroplasty has been shown not to be helpful, in the absence of remediable mechanical symptoms suggesting a clinically significant meniscal tear or intra-articular body. Recommendation: Chondroplasty and Debridement for Knee Osteoarthrosis, Chondroplasty and debridement are moderately not recommended for treatment of knee osteoarthrosis, Strength of Evidence & Moderately Not Recommended, Evidence (B).

Decision rationale: No, the request for a left knee chondroplasty procedure with associated Genzyme biopsy was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of chondroplasty procedures. However, the Third Edition ACOEM Guidelines Knee Chapter notes that arthroscopy with chondroplasty has been shown "not to be helpful" in the absence of remediable mechanical symptoms suggesting a clinically significant meniscal tear or intra-articular body. Here, however, MRI imaging of the October 26, 2014 was notable for grade II signal changes/degenerative changes without evidence of frank meniscal tear. ACOEM also notes that chondroplasty-debridement procedures are moderately not recommended for treatment of knee osteoarthrosis, another one of the operating diagnoses present here. The attending provider failed to furnish a clear or compelling rationale for selection of this particular procedure in the face of the unfavorable ACOEM positions on the same. Therefore, the request was not medically necessary.