

<b>Case Number:</b>	CM14-0101660		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This is a 38-year-old with an October 12, 2012 injury date. He was kneeling down to perform a pat down check on a passenger. In a follow-up on March 11, 2014, the patient still complains of right knee pain. Objective findings included medial joint line tenderness and pain with squatting and twisting maneuvers. His MRI was reviewed during the visit, which showed a 2x2 cm defect in the medial femoral condyle along with a medial meniscus tear. The operative report from April 25, 2014 indicates the patient had diagnostic right knee arthroscopy with articular cartilage harvesting for future chondrocyte implantation. The articular cartilage of the trochlea showed a grade 3, almost grade 4, defect that was 20 by 15 mm in size. There was pink bone showing at the trough of the defect, and the overall size was noted to be 25 by 20 mm. In a follow-up on May 1, 2014, objective findings included a right knee 1+ effusion. The plan was to proceed with surgical intervention for implantation of autologous chondrocytes to the right knee. In the anesthesia record from April 25, 2014, the patient's weight is noted to be 290 pounds, but the height is not mentioned. Diagnostic impression: right knee medial femoral condyle and trochlea defect. Treatment to date: TENS unit, medications, physical therapy, right knee diagnostic arthroscopy (April 25, 2014). A UR decision on June 13, 2014 denied the request for right knee autologous chondrocyte implantation on the basis that the patient's body mass index (BMI) was not provided within the medical records. In addition, the patient's height and weight were not provided, with which to calculate the BMI. The requests for surgical assistant and post-op physical therapy were denied because the surgical procedure could not be certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee autologous chondrocyte implantation of medial femoral condyle and trochlea:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- ONLINE EDITION KNEE & LEG CHAPTER -(OATS) PROCEDURE

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

**Decision rationale:** CA MTUS does not address this issue. ODG states that autologous chondrocyte implantation (ACI) is indicated if there is failure of conservative therapy (minimum of 2 months of physical therapy) PLUS the patient is capable and willing to follow the rehabilitation protocol and post-operative weight bearing restrictions AND there is disabling pain and/or knee locking. In addition, there should be failure of established surgical interventions (i.e., microfraction, drilling, abrasion) (diagnostic arthroscopy, lavage, or debridement is not considered adequate to meet this criterion) AND focal articular cartilage defect down to but not through the subchondral bone on a load bearing surface of the femoral condyle (medial, lateral, trochlear) (not in the patella) AND a single, clinically significant, lesion that measures between 1 to 10 sq cm in area that affects a weight-bearing surface of the medial femoral condyle or the lateral femoral condyle. In addition, there must be normal knee alignment, the patient must be less than 60 years old, and have a body mass index (BMI) of less than 35. In the present case, there is documentation in the anesthesia record that the patient weighs 290 pounds, however, there is no mention of his height in the records or his BMI. In addition, there is no evidence that an established surgical intervention has been attempted such as microfracture or drilling. In the procedure note from 4/25/14, only arthroscopy with chondroplasty and chondrocyte harvesting was performed, and there was no mention of drilling or microfracture of the defects. The criteria for approval have not been met at this point. Therefore, the request for Right knee autologous chondrocyte implantation of medial femoral condyle and trochlea is not medically necessary or appropriate.

**Twelve post-operative physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**A surgical assistant:** 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 Other Medical Treatment Guideline or Medical Evidence: American Academy of Orthopedic Surgeons (AAOS)

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.