California Orthopaedic Association

Workers' Compensation Utilization Review Checklist

OATS/ Cartilage restoration procedures

This checklist is intended to help orthopaedic surgeons document important factors for utilization reviewers (UR) when determining the medical necessity for this procedure(s). The checklists, developed by members of COA's Workers' Compensation Committee, will help our members anticipate what questions Utilization Reviewers will need to have documented in order for them to make more informed decisions. COA cannot guarantee that if you document the below issues, the procedure(s) will be approved, but it should help clarify the conservative treatment that the injured worker may have received, the results of the diagnostic imaging tests, and why you believe surgery is indicated.

Please remember that medical treatment requests should be based on the DWC's Medical Treatment Utilization Schedule (MTUS) http://www.dir.ca.gov/dwc/mtus/mtus_regulationsguidelines.html whenever possible as the MTUS guidelines are presumed correct. If the procedure is not covered by MTUS, you are able to utilize other nationally-recognized treatment guidelines such as ACOEM or ODG**.** You can utilize other high-quality guidelines to document medical necessity.

Attach or copy the below checklist into your Request for Authorization (RFA) and attach a copy of the research justifying the procedure, if appropriate. Having a summary of care to date to add to the checklist facilitates approval.

Workers' Compensation Utilization Review Checklist
Osteochondral Autograft (OATS)

Patient name: _____ Claim #: _____

OATS	Present if checked
DWC - MTUS Treatment Guidelines- are not applicable to this case	
Medication or physical therapy	
PLUS	
Joint pain	
AND	
Swelling	
PLUS	
Failure of previous subchondral drilling or microfracture. Large full thickness chondral defect that measures less than 3 cm in diameter and 1 cm in bone depth on the weight bearing portion of the medial or lateral femoral condyle	
AND	
Knee is stable	
Fully functional menisci and ligaments	
Normal knee alignment	
Normal joint space	
BMI<35	
PLUS	
Chondral defect on the weight-bearing portion of the medial or lateral femoral condyle on MRI or arthroscopy	

Cartilage Grafts, Osteochondral Autografts, and/or Transplantation

Moderately Recommended. Cartilage grafting, osteochondral autografts, and/or transplantation is moderately recommended for select patients.

Strength of Evidence – **Moderately Recommended, Evidence (B)**

> *Indications* – Select patients less than 40 years old with active lifestyles with a single, traumatically caused Grade III or IV femoral condyle deficit. Deficit diameter recommended not to exceed 20mm for osteochondral autograft transplants, although criteria up to 4cm^{2}has been used. Grafts and transplants not recommended for those with obesity, inflammatory conditions or osteoarthrosis, other chondral defects, associated ligamentous or meniscus pathology, or who are older than 55 years of age.

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