

Case Number:	CM13-0043768		
Date Assigned:	12/27/2013	Date of Injury:	11/17/2003
Decision Date:	02/27/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 58-year-old male injured on 11/17/03 when he slipped and fell backwards off a foot rail of a truck. He is status post a left knee arthroscopy with partial medial meniscectomy and chondroplasty performed on 07/19/04. X-rays of the left knee on 07/26/12 showed severe osteoarthritis of the left knee. [REDACTED] evaluated the claimant on 09/17/13 noting that following the surgery he treated with physical therapy and improved, but overall remained symptomatic. At the 09/17/13 visit he reported ongoing left knee pain to the point that sometimes he is unable to move it. The knee was swollen and felt unsteady, and if he is not careful, it will collapse under him. He had occasional popping sensations in the knee. Several times the knee pain has awakened him at night. He reported he was limping as recent as a week prior. He wore a knee brace once in a while. He reported impairments with doing housework and sleeping through the night. He was noted to be 5'8" and 295 pounds (BMI of 44.8). Examination of the left knee showed gross valgus deformity and flexion contracture. He had pain throughout the arc of motion. There was joint line tenderness, crepitus and range of motion from 10-85 degrees. He had severe pain with range of motion and a severe antalgic gait. X-rays of the left knee showed a varus deformity, complete loss of joint space, subchondral sclerosis and osteophyte formation in all 3 compartments. He was diagnosed with endstage left knee osteoarthritis with deformity. He was noted to have failed non-operative treatment, including Arthrotec, Tramadol, cane, physical therapy and bracing. A left total knee replacement was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty with computer navigation: 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 Official Disability Guidelines (ODG) Knee and Leg Chapter - Joint Replacement, Computer Assisted Surgery.

Decision rationale: A left total knee arthroplasty with computer navigation is not indicated and supported within the literature. There are no peer review articles that demonstrate the need for computer navigation relative to non-navigated knees. It is for this reason that computer navigation is not supported. As such, the procedure as a whole is not medically necessary or appropriate.

Three day inpatient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A left total knee arthroplasty with computer navigation is not indicated and supported within the literature. There are no peer review articles that demonstrate the need for computer navigation relative to non-navigated knees. It is for this reason that computer navigation is not supported. As such, the procedure as a whole is not medically necessary or appropriate.

Pre-operative medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A left total knee arthroplasty with computer navigation is not indicated and supported within the literature. There are no peer review articles that demonstrate the need for computer navigation relative to non-navigated knees. It is for this reason that computer navigation is not supported. As such, the procedure as a whole is not medically necessary or appropriate.

Physical therapy (3 times a week for 2 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A left total knee arthroplasty with computer navigation is not indicated and supported within the literature. There are no peer review articles that demonstrate the need for computer navigation relative to non-navigated knees. It is for this reason that computer navigation is not supported. As such, the procedure as a whole is not medically necessary or appropriate.

Home health RN for evaluation, medication intake and vitals (2 times a week for 2 weeks):
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A left total knee arthroplasty with computer navigation is not indicated and supported within the literature. There are no peer review articles that demonstrate the need for computer navigation relative to non-navigated knees. It is for this reason that computer navigation is not supported. As such, the procedure as a whole is not medically necessary or appropriate.

Two pairs of TED hose stockings: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A left total knee arthroplasty with computer navigation is not indicated and supported within the literature. There are no peer review articles that demonstrate the need for computer navigation relative to non-navigated knees. It is for this reason that computer navigation is not supported. As such, the procedure as a whole is not medically necessary or appropriate.

CPM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A left total knee arthroplasty with computer navigation is not indicated and supported within the literature. There are no peer review articles that demonstrate the need for computer navigation relative to non-navigated knees. It is for this reason that computer

navigation is not supported. As such, the procedure as a whole is not medically necessary or appropriate.

Cold therapy unit for 21 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A left total knee arthroplasty with computer navigation is not indicated and supported within the literature. There are no peer review articles that demonstrate the need for computer navigation relative to non-navigated knees. It is for this reason that computer navigation is not supported. As such, the procedure as a whole is not medically necessary or appropriate.