

<b>Case Number:</b>	CM13-0048886		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/18/2010
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Texas. 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:

The patient is a 34 male who reported an injury on 11/18/2010. The patient is diagnosed with right knee patellofemoral osteoarthritis and right knee chondromalacia patella. The patient was recently seen by [REDACTED] on 12/27/2013. The patient reported increasing locking of the right knee. Physical examination revealed tenderness to palpation of the patellofemoral joint with increased locking. Treatment recommendations included surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee medial compartment arthroplasty with robotic navigation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Knee and Leg; National Guideline Clearinghouse; and MTUS Post Surgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Joint Replacement.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month

and a failure of exercise programs to increase range of motion. Official Disability Guidelines state prior to a knee arthroplasty, there should be evidence of conservative treatment including exercise therapy, medications, NSAIDs, viscosupplementation injections or steroid injections. As per the documentation submitted, there is no evidence of this patient's current BMI. There is also no documentation of varus deformity or mention of medial compartment tenderness. The patient's MRI of the right knee obtained on 01/14/2013 indicated no meniscal tear or chondral defect in the medial compartment. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.

**Chem panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Knee and Leg; National Guideline Clearinghouse; and MTUS Post Surgical 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) Low Back Chapter, Preoperative Testing, General.

**Decision rationale:** Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request for preoperative labs cannot be determined as medically appropriate. As such, the request is non-certified.

**Pre-op CBC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Knee and Leg; National Guideline Clearinghouse; and MTUS Post Surgical 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) Low Back Chapter, Preoperative Testing.

**Decision rationale:** Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request for preoperative labs cannot be determined as medically appropriate. As such, the request is non-certified.

**Computed tomography (CT) scan of right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) for Knee and Leg; National Guideline Clearinghouse; and MTUS Post Surgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, computed tomography (CT).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. As per the documentation submitted, the patient has undergone an MRI of the right knee. There was no clear rationale provided as to why the patient requires a right knee CT scan at this time. The medical necessity has not been established. Therefore, the request is non-certified.

**Twelve (12) sessions of post-op physical therapy 12:00 visits over n/a weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Knee and Leg; National Guideline Clearinghouse; and MTUS Post Surgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 234-25.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following an arthroplasty of the knee includes 24 visits over 10 weeks. As the patient's surgical procedure has not been authorized, the current request is not medically appropriate. Therefore, the request is non-certified.