

Case Number:	CM13-0055310		
Date Assigned:	12/30/2013	Date of Injury:	12/09/2010
Decision Date:	06/23/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Spine Fellowship, 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:

The patient is an employee of [REDACTED] and has submitted a claim for left knee medial compartment arthritis associated with an industrial injury date of December 9, 2010. Treatment to date has included oral analgesics, physical therapy, left knee arthroscopy with partial medial meniscectomy and left knee Oxford procedure. Utilization review dated November 4, 2013 denied the request for MRI of the left knee without contrast, for Jig fitting due to no current evidence to suggest MRI patient-specific jig produces superior outcomes. Medical records from 2013 were reviewed and showed left knee pain. Left knee examination showed a slight antalgic gait. There was no limitation of motion, effusion, nor excessive varus or valgus instability. The patient had been certified with left knee total replacement on October 8, 2013 however, the date of surgery was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE WITHOUT CONTRAST, FOR JIG FITTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, Knee Complaints, 2nd Edition (2008), 1021-1022

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg, Custom fit total knee (CFTK) replacement

Decision rationale: The California MTUS does not address this issue. The ODG Knee & Leg Chapter, Custom fit total knee (CFTK) replacement indicates that a new technology using MRI allows the surgeon to place total knee replacement components into each patient's pre-arthritis natural alignment. Custom-fit total knee replacement appears to be a safe procedure for uncomplicated cases of osteoarthritis, but the benefits have not been proven. In this case, the employee had been certified with left knee total replacement on October 8, 2013, however, the date of surgery was not specified. The procedure is rather new and superior outcomes over conventional total knee replacement were not proven. Therefore, the request for MRI of the left knee without contrast for jig fitting is not medically necessary.