

Case Number:	CM13-0057529		
Date Assigned:	06/11/2014	Date of Injury:	09/19/2012
Decision Date:	12/15/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery, has a subspecialty in Sports Medicine 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 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:

The injured worker is a 53-year-old male who reported an injury on 09/19/2012. The mechanism of injury involved a fall from a ladder. The current diagnosis is left knee pain. Previous conservative treatment is noted to include physical therapy and a home exercise program. The injured worker is also status post left ankle open reduction internal fixation (ORIF) in 10/2012. The injured worker presented on 09/27/2013. It is noted that the injured worker utilizes a cane for ambulation assistance. A physical examination was not provided on that date. A Request for Authorization form was then submitted on 10/01/2013 for a left knee medial compartment arthroplasty with robotic navigation. It is noted that the injured worker underwent an MRI of the left knee on 09/21/2013, which revealed a possible post-menisectomy tear, tricompartmental osteoarthritis, and high-grade chondrosis of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Medical Compartment Arthroplasty with Robotic Navigation: Upheld

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

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 and Robotic Assisted Knee Arthroplasty

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, a referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and a failure of exercise programs. The Official Disability Guidelines state, a knee joint replacement is indicated for patients with two out of three compartments affected, and after a failure of conservative treatment with exercise therapy and medications or viscosupplementation/steroid injections. Patients should be greater than 50 years of age with a body mass index less than 35. As per the documentation submitted, the injured worker does have imaging evidence of tricompartmental osteoarthritis of the left knee. However, there is no documentation of a recent physical examination. There is also a lack of documentation of an exhaustion of conservative treatment to include medications and/or injections. The injured worker's body mass index was not provided. Medial compartment arthroplasty is not indicated for tricompartmental osteoarthritis. Additionally, the Official Disability Guidelines do not recommend robotic assisted knee arthroplasty. Based on the clinical information received and the mentioned guidelines, the request is not medically necessary.