

<b>Case Number:</b>	CM13-0058788		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Orthopaedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 53-year-old gentleman who sustained an injury to the right knee on July 19, 2011. The clinical records provided for review included a follow up report dated October 21, 2013 that noted ongoing complaints of pain in the right knee that failed to improve with conservative care. Physical examination documented restricted motion from 15 to 95 degrees with joint line tenderness. Radiographs revealed severe tri-compartmental degenerative changes with medial bone on bone articulation. This is a request for computer assisted total joint arthroplasty, purchase of a cryotherapy device, a seven to ten day inpatient rehabilitation stay, and the use of an assistant surgeon. Documentation of conservative treatment included two prior right knee arthroscopies, multiple steroid injections, a series of viscosupplementation with no relief, physical therapy and activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT TOTAL KNEE ARTHROPLASTY WITH COMPUTER ASSISTANT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG INDICATIONS FOR SURGERY-KNEE ARTHROPLASTY: CRITERIA FOR KNEE JOINT REPLACEMENT

**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 - Computer-assisted surgery and knee joint replacement

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS POSITION STATEMENT REIMBURSEMENT OF THE FIRST ASSISTANT AT SURGERY IN ORTHOPEDICS

**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 - Computer-assisted surgery and knee joint replacement

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**INPATIENT REHABILITATION 7-10 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (KNEE CHAPTER)

**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 - Computer-assisted surgery and knee joint replacement

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PURCHASE OF COLD THERAPY UNIT FOR HOSPITAL AND HOME USE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications For Surgery-Knee Arthroplasty: Criteria For Knee Joint Replacement

**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 - Computer-assisted surgery and knee joint replacement

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent and do not address this procedure. When looking at Official Disability Guideline criteria, the request for right total knee arthroplasty with computer assistance is not recommended as medically necessary. While the argument can be made for the necessity for arthroplasty for this claimant, the Official Disability

Guidelines do not support the use of computer assisted surgical processes. Therefore, the procedure for right total knee arthroplasty with computer assistance is not medically necessary.