

<b>Case Number:</b>	CM13-0071094		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/23/1999
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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:

This claimant is a 51-year-old gentleman who was injured in a work-related accident April 23, 1999 sustaining an injury to the right knee. Clinical records available for review indicate a diagnosis of underlying degenerative arthritis. A progress report from November 27, 2013 with [REDACTED] indicated a diagnosis of degenerative arthritis to the right knee. He reviewed imaging at that time that showed a right knee MRI report from 2001 that showed signal change to the medial meniscus with degenerative changes to the medial compartment. Formal radiographs of July 26, 2012 showed significant medial joint space narrowing with osteophyte formation from the patella and no malalignment. Subjectively at that date the claimant was with continued complaints of pain despite prior arthroscopic procedures. Physical examination findings were not noted. Based on his failed conservative measures a "partial knee arthroplasty" in the form of a unicompartmental or bicompartmental procedure was recommended with use of robotic assistance and a preoperative CT scan. Updated radiographs at that date once again showed changes to the medial and patellofemoral compartments described as "mild."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right partial knee arthroplasty with robotic assist & assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Work Loss Data Institute LLC .

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Milliman Care Guidelines, Assistant Surgeon Guidelines.

**Decision rationale:** The Expert Reviewer's decision rationale: Based on Official Disability Guideline criteria, as MTUS ACOEM guidelines are silent, the role of a robotic assisted knee arthroplasty with an assistant surgeon to be performed in this case would not be indicated. ODG Guideline criteria do not recommend the role of robotic assisted knee replacement procedures. The procedure itself thus would not be indicated due to the specific request. Furthermore, it needs to be documented that the claimant's x-rays demonstrated "mild" changes with no degree of recent conservative care rendered. The surgical process, based on the specific request to include robotic assistance and assistant surgeon would not be indicated.

**Pre-operative right knee CT scan:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS and ACOEM Guidelines are silent. Official Disability Guidelines would not recommend the role of preoperative imaging for assessment in the form of CT scan. The specific request in this case based on a surgery that has not been supported is also not supported.