

<b>Case Number:</b>	CM13-0071236		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/18/2013
<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 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 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 43 year old male who sustained an injury to the right knee on February 6, 2009. The clinical records provided for review documented a diagnosis of osteoarthritis with failed conservative care. A November 2013 follow-up assessment demonstrated continued complaints of pain with examination showing a limp, plus one laxity of the medial collateral ligament, positive effusion and tricompartmental tenderness to palpation. Motion was documented from 7 to 90 degrees. Based on failed conservative care a total joint arthroplasty with preoperative MRI for implant planning purposes was recommended. A report of an MRI of the knee from 2009 showed grade 4 changes to the medial compartment and grade 2 changes to the patellofemoral joint. Documentation of treatment to date included a previous arthroscopy, medication management, and activity restrictions. The report of plain films of the knee dated February 27, 2013 revealed medial and patellofemoral compartment changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total knee arthroplasty using Biomet signature anterior stabilized vanguard knee:**  
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) Medical Treatment Utilization Schedule, J Knee Surgery.

**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: The MTUS Guidelines are silent. When looking at the Official Disability Guidelines total joint arthroplasty using a Biomet signature anterior stabilized vanguard knee would not be indicated. The records would not support arthroplasty in this young 43 year old individual. The Official Disability Guidelines only recommend arthroplasty in individuals greater than 50 that have failed significant conservative care and measures with endstage degenerative change noted on imaging. The lack of the above would fail to necessitate the need of surgical process in this case.

**Biomet MRI 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). Medical Treatment Utilization Schedule, J Knee Surgery.

**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: The MTUS and ACOEM Guidelines do not address this particular issue. Official Disability Guidelines were used as an alternative in this setting. Official Disability Guidelines speaks to the indications for custom made and/or custom fit implants. They point out that this technology utilizing MRI scans in advance of surgery is considered investigational in light of the fact that there are no well-controlled peer review literatures to support its advantages over traditional implant technology. As such in this particular case, the request for preoperative MRI scan for use with the Biomet signature anterior stabilize vanguard knee would not be considered reasonable or medically necessary as this technology and in particular the use of an MRI scan in this setting would be considered investigational.