

Case Number:	CM14-0004244		
Date Assigned:	02/05/2014	Date of Injury:	05/28/2009
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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 Surgeon, has a subspecialty in Shoulder and Elbow 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 injured worker is a 55-year-old male who reported an injury on May 29, 2009. The mechanism of injury was not provided for review. The injured worker's treatment history included knee arthroscopy, medications, physical therapy, steroid injections, and hyaluronic acid injections. The injured worker was evaluated on November 19, 2013. It was documented that the injured worker had persistent severe right knee pain with effusion and limited range of motion. It was documented that the injured worker underwent x-rays that demonstrated joint space narrowing and subchondral sclerosis, and osteophyte formation in all three compartments. It was noted that the injured worker was 5 feet 10 inches and 215 pounds with a body mass index of 30.8. The injured worker's diagnoses included end-stage osteoarthritis. A request was made for a right total knee arthroplasty with computer navigation, 3-day hospital stay, pre-op medical clearance, in home physical therapy 3 times a week for 2 weeks, home health services, and a continuous passive motion machine for 21 days and a cold therapy unit for 21 days.

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 NAVIGATION: 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.

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, Knee Replacement and Robotic assisted knee arthroplasty.

Decision rationale: The California MTUS Guidelines do not address total knee arthroplasty. The Official Disability Guidelines recommend knee replacement surgery for injured worker's who have documentation of tricompartmental osteoarthritis on an imaging study that has failed to respond to conservative treatment and significantly limits the injured worker's functional capabilities. The injured worker's range of motion was described as 5 to 85 degrees in flexion with notable crepitus and joint line tenderness of the right knee. It was documented that the injured worker has failed several conservative modalities and would benefit from total knee arthroplasty. However, the request includes computer navigation. The Official Disability Guidelines do not support the use of computer navigation as it is still considered investigational and not supported by sufficient scientific studies. Therefore, the request in its entirety would not be considered medically appropriate. As such, the requested right total knee arthroplasty with computer navigation is not medically necessary or appropriate.

IN HOME PHYSICAL THERAPY 2 TIMES A WEEK FOR 2 WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL PHYSICAL MEDICINE TREATMENT GUIDELINES, , 51

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

COLD THERAPY UNIT FOR RENTAL FOR 21 DAYS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

IN HOME RN FOR MEDICATION INTAKE, VITALS AND EVALUATION 2 TIMES A WEEK FOR 2 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 51

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.