

Case Number:	CM14-0100163		
Date Assigned:	07/28/2014	Date of Injury:	07/23/2010
Decision Date:	09/10/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 Orthopaedic 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:

This 53-year-old male deputy sheriff sergeant sustained an industrial injury on 7/23/10. Past surgical history was positive for left lumbar laminectomy L4/5 in 1990, left leg varicose vein surgery in 2010, and bilateral vein stripping and ligation on 7/15/13. The 2/7/13 left knee MRI showed an extensive tear of the posterior body and horn of the medial meniscus, grade 4 medial and anterior compartment chondromalacia, and extensive marrow edema. The 5/8/14 orthopedic report cited progressively worsening bilateral knee pain, especially with ascending stairs, attempting to run, or bending activities. Difficulty was reported with flexing his knees, kneeling, donning/doffing socks and shoes, doing housework, and sleeping through the night. Exam demonstrated severely antalgic gait, 2+ effusion, and range of motion 5-85 degrees with pain, crepitus, and guarding. There was joint line tenderness. X-rays of the left knee showed joint space narrowing, subchondral sclerosis, and osteophyte formation. The patient failed non-operative treatment including anti-inflammatory medication, assistive devices, intra-articular injections, activity modification, and bracing. The orthopedist recommended left total knee replacement. The 6/2/14 utilization review modified the request for left total knee arthroplasty with computer navigation to left total knee arthroplasty. Computer navigation was denied as not recommended by guidelines. The request for in-home RN care for evaluation and treatment 2x2 was modified to one visit to allow for treatment goals to be established and submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 Official Disability Guidelines 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, Robotic assisted knee arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines (ODG) recommends total knee replacement when surgical indications are met. The ODG do not recommend computed assisted navigation based on the body of evidence for medical outcomes. There is insufficient evidence to conclude that orthopedic robotic-assisted surgical procedures provide comparable or better outcomes to conventional open or minimally invasive surgical procedures. Robotic-assisted surgery is generally equivalent to, but not superior to, a standard or minimally invasive surgical approach, where the standard or minimally invasive surgical approach is itself supported by clinical evidence. There is no compelling reason presented to support the medical necessity of computer-assisted navigation in the absence of guideline support. Therefore, this request is not medically necessary.

2 In Home RN Care for Evaluation Medication Intake and Vitals 2 Times per 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 Official Disability Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are home-bound, on a part time or intermittent basis, generally no more than 35 hours per week. Guideline criteria have not been met. There is no clear rationale provided to establish the medical necessity of RN in-home care as requested. The 6/2/14 utilization review modified the request to allow for one in-home evaluation by an RN to establish treatment goals. There is no compelling reason to support the medical necessity of care beyond the certified evaluation. Therefore, this request is not medically necessary.