

<b>Case Number:</b>	CM14-0102826		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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 is a 49 year old female with an 8/25/11 injury date. She tripped over a threshold in the office and injured her knee. Right knee x-rays on 5/6/14 revealed joint space narrowing, subchondral sclerosis, and osteophyte formation affecting all three compartments. In a 5/6/14 note, the patient complained of right knee pain with swelling, stiffness, and popping. Objective findings included medial and lateral joint line tenderness, large effusion, and range of motion from 0 to 85 degrees. Diagnostic impression: right knee osteoarthritis. Treatment to date: physical therapy, medications, injections, right knee arthroscopy. A UR decision on 6/4/14 modified the request for right total knee arthroplasty with computer navigation to allow for right total knee arthroplasty only because there is limited support in evidence-based literature for computer navigation. The request for in home RN care for evaluation, medical intake and vitals, twice weekly for 2 weeks was modified to allow for in home RN evaluation for one visit only because home health services are only recommended on a part-time or intermittent basis.

### 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 Official Disability Guidelines (ODG) - TWC Knee and Leg Procedure summary last updated 03/31/2014: Indications for Surgery - Knee arthroplasty, Computer assisted surgery

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter-- Arthroplasty, Robotic assisted knee arthroplasty

**Decision rationale:** CA MTUS does not address this issue. ODG criteria for TKR include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. ODG states that computer navigated surgery is not recommended based on the body of evidence for medical outcomes, but ODG generally recommends that surgical methods be based on the specific surgeon's skill and experience and his or her recommendation, as there is considerable variability in outcome. Although a knee replacement is appropriate for this patient, the use of computer navigation is not supported. Therefore, the request for right total knee arthroplasty with computer navigation is not medically necessary.

**In home RN care for evaluation, medication intake and vitals, 2 times per week for 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. However, the associated surgical procedure was not certified. Therefore, the request for in home RN care for evaluation, medication intake and vitals, 2 times per week for 2 weeks is not medically necessary.