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| Case Number: | CM14-0155436 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 06/05/2008 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 55-year-old female law enforcement officer sustained an industrial injury on 6/5/08. Injury occurred when she felt a pull and pop during a three-mile run. Past medical history was negative. Past surgical history was positive for multiple right knee surgeries including meniscal surgery in 1998, arthroscopic meniscectomy, debridement, and patellofemoral joint chondroplasty on 2/27/09, meniscal repair and repair of a partial anterior cruciate ligament (ACL) tear in December 2009, and revision and diagnostic arthroscopy for medial meniscus tear on 12/2/11. The 6/9/11 right knee MRI impression documented findings compatible with post-surgical changes of the lateral and medial menisci with degenerative disease of the residual rim. There was grade 4 chondromalacia of the lateral and anterior compartments. There was a probable acute trabecular bone injury of the subchondral bone of the lateral tibial plateau in addition to grade 4 chondromalacia. The 7/11/14 treating physician report cited persistent severe diffuse right knee pain. Pain was aggravated with activity and not improved with rest. Functional difficulty was noted in sitting, standing, and walking for prolonged periods of time. Pain interfered with activities of daily living. She complained of associated clicking and popping in the knee and instability with walking. Symptoms have worsened and were not relieved with conservative treatment including corticosteroid injection, ice, heat, physical therapy, anti-inflammatory medication, bracing, viscosupplementation injections, and pain medication. Right knee exam documented antalgic gait with tenderness in the medial, femoral, lateral, and patellofemoral joint lines. A large effusion was present. Range of motion was 0-85 degrees with guarding and crepitus. Patellar tracking and muscle strength were normal. X-rays were taken and showed joint space narrowing, subchondral sclerosis, and osteophyte formation affecting all three compartments of the knee. The treatment plan recommended right total knee arthroplasty. The 8/28/14 utilization review modified the request for right total knee arthroplasty with

computer navigation limited to only the right total knee arthroplasty based on an absence of evidence that computer navigation was shown to improve the overall outcome of surgery. The request for home health physical therapy and nursing services was denied as there was no evidence that the patient would be homebound.

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), Knee & Leg (updated 08/25/14)

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) recommend 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. Guideline criteria have not been met. The 8/28/14 utilization review modified this request and approved the right total knee arthroplasty without computer navigation. 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.

In home post-op physical therapy 3 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. An initial 6-visit course of home physical therapy following total knee arthroplasty is consistent with guidelines as the patient would be expected to be homebound on an intermittent basis. Therefore, this request is medically necessary.

In home RN for evaluation, medication intake and vitals 2 x 2 weeks post-op: 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), Knee & Leg (updated 08/25/14), 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 homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Guideline criteria have not been met. There is no documentation that the patient requires a nursing evaluation, medication assistance, or vital sign monitoring in the home environment. There is no documentation that a medical treatment is required to be performed by an RN, of a medical condition that requires monitoring, or that the patient would be unable to self-monitor medication intake. Therefore, this request is not medically necessary.