

Case Number:	CM14-0167625		
Date Assigned:	10/14/2014	Date of Injury:	12/09/2012
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 48-year-old male police officer sustained an industrial injury on 12/09/12. Injury occurred while in a foot pursuit of a suspect. His left knee buckled and he injured his left knee and back. Past surgical history was positive for left knee arthroscopy with micro fracture on 2/22/13. The 10/14/13 left knee MRI impression documented high-grade chondral thinning along the lateral part of the medial femoral condyle, 2 mm full thickness chondral defect over the medial ridge of the patella superiorly. There was moderate sized knee joint effusion with intra articular synovitis. There was distal quadriceps and proximal patellar tendinitis with probable chronic stripping of the deep layer of the patellar tendon from the anterior patella. Records indicated that the patient completed a series of Orthovisc injections on 5/22/14 with some decreased pain. He reported occasional catching and popping. Physical exam documented no swelling. The patient was unable to squat, lift heavy boxes or tolerate impact activities. The 9/11/14 treating physician report cited increased pain and inability to tolerate standing/walking. Left knee x-rays were taken and showed decreased joint space. There was 2 inch quadriceps atrophy. The diagnosis was left knee anterior cruciate ligament sprain and chondromalacia. The treatment plan recommended surgery for medial MAKO. The 9/23/14 utilization review documented a peer-to-peer discussion. The request for pre-operative clearance MAKO protocol was modified to approve pre-operative clearance only. The MAKO procedure was denied as the physician assistant indicated that it was not being used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance MAKO protocol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 , and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Practice advisory for pre-anesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Pre-anesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance or MAKOplasty. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. The Official Disability Guidelines state that robotic assisted knee arthroplasty, like MAKOplasty, is not recommended 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. Guideline criteria have not been met. The 9/23/14 utilization review modified this request and approved pre-operative clearance based on the patient's age and level of surgical procedure. The peer-to-peer discussion indicated that the MAKO procedure was not being performed. There is no compelling reason to support the medical necessity of services beyond the pre-operative clearance previously certified. Therefore, this request is not medically necessary.