

Case Number:	CM14-0028673		
Date Assigned:	06/16/2014	Date of Injury:	08/25/2009
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 sustained an industrial injury on 8/25/09 when he stepped off a ladder. He underwent right total knee replacement on 7/22/13. The 2/3/14 treating physician report cited constant moderate to severe left knee pain. Physical exam findings documented body mass index 41, moderate medial joint line and medial condyle tenderness, 10-105 degrees flexion, slightly decreased quadriceps strength, and no evidence of ligamentous instability. Right knee exam documented mild surgical site tenderness, knee joint warmth, moderately decreased quadriceps strength, and average laxity of a posterior cruciate ligament stabilized knee. The diagnosis was left knee osteoarthritis. The treatment plan recommended bilateral knee physical therapy and left total knee arthroplasty with computer assisted navigation. The 2/5/14 physical therapy evaluation report cited constant left knee pain, worse in the morning and evening, with popping, clicking, and instability. Pain averages 3-4/10 with rest and 7-8/10 with activity. Physical exam findings documented left knee range of motion 0-135 degrees, varus thrust, and 3+/5 flexion/extension strength. Aquatic and therapeutic exercise 2x8 was planned. The 2/10/14 utilization review modified the request for left total knee arthroplasty with computer-assisted navigation to a left total knee arthroplasty without computer assisted navigation. The request for 16 post-operative physical therapy sessions was modified to 12 visits, and the request for a Polar unit was modified to 7-day rental consistent with guidelines. Subsequent records documented continued attempts at weight loss and inability to alleviate pain with narcotic medications.

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 ASSISTED

NAVIGATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

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: Under consideration is a request for left total knee arthroplasty with computer-assisted navigation. 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, specifically regarding ultimate pain reduction and functionality improvements. Robotic-assisted surgery is generally equivalent to, but not superior to, a standard minimally invasive surgical approach, where the standard minimally invasive surgical approach is itself supported by clinical evidence. The 2/10/14 utilization review modified the request for left total knee arthroplasty with computer-assisted navigation, approving the left total knee arthroscopy and denying the computer assisted navigation. There is no compelling reason presented to support the medical necessity of computer-assisted navigation in the absence of guideline support. Therefore, request for left total knee arthroplasty with computer-assisted navigation is not medically necessary.

POST-OPERATIVE PHYSICAL THERAPY TIMES SIXTEEN SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Under consideration is a request for post-operative physical therapy x 16 sessions. The California 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. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 2/10/14 utilization review recommended partial certification of 12 post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request for post-operative physical therapy x 16 sessions is not medically necessary.

CONTINUOUS HOT/COLD THERAPY UNIT: Upheld

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

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, Continuous flow cryotherapy.

Decision rationale: Under consideration is a request for continuous hot/cold therapy unit. The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 2/10/14 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request for a continuous hot/cold therapy unit is not medically necessary.