

<b>Case Number:</b>	CM14-0083596		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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:

The patient is a 69 year old female who sustained an industrial injury on 1/05/2010, from a slip and fall. She sustained injury to the shoulders and right knee. She sustained a fracture to the right patella. She has been treating for left knee and neck complaints. She has not returned to work since her DOI, she is retired. The patient had an initial orthopedic consultation with Dr. [REDACTED] on 5/1/2014, regarding her right knee complaint. Prior treatment for the right knee has included brace, PT, medications and 2 Synvisc injections in 2013. She currently complains of frequent right knee pain rated 8/10, restricted ROM, and loss of balance. She usually wears a knee brace. She has no impairment with ADLs, and sleeps through the night. She reports tendency to bruise easily and heal slowly from cuts/bleeding. Past medical history is significant for hypertension, diabetes, high cholesterol and a thyroid condition. Physical examination reveals intact sensation, 2+ pulses, intact and symmetrical reflexes, 5-85 degrees ROM bilaterally with pain, crepitus and guarding with ROM, 5/5 strength and antalgic gait. 4-view x-rays of the right knee are reported to reveal joint space narrowing, subchondral sclerosis, and osteophyte formation of the right knee. Assessment is endstage osteoarthritis. Recommendation is for right total knee arthroplasty. The patient had a follow-up with her orthopedic PTP, Dr. [REDACTED], on 5/5/2014. She notes recent consultation with Dr. [REDACTED] regarding the right knee. She is extremely concerned about TKA, she feels hardware is too heavy, is concerned about the advanced surgical procedure as she is a known diabetic and history of hypertension and cholesterol issues and "is on lots of medications." She also previously had Lyrica for neuropathy and is concerned with the invasive procedure. Examination reveals tenderness medially and laterally, positive patellofemoral crepitus, positive grind test and antalgic gait. She is requesting Lyrica as pain medication, however, the provider recommends she follow-up with her endocrinologist or her PCP with regards to her medications. Follow-up as needed. She will

continue right knee care with Dr. [REDACTED]. She recently had a follow-up with PTP, Dr. [REDACTED] DC on 7/2/2014. She reports she was scheduled for right knee arthroscopy but cancelled due to fever. She continues complaints of intermittent moderate right knee pain. Examination of the right knee reveals tenderness about the medial and lateral joint line, slightly restricted ROM due to complaints of discomfort and pain, and slight weakness.

### **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 Knee and Leg Chapter.

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

**Decision rationale:** CA MTUS guidelines do not discuss the issue in dispute. According to the Official Disability Guidelines, computer assisted knee arthroplasty 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. 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. Obstacles to computer-assisted surgery include increased operating time, additional exposure to ionizing radiation, and extensive training of the surgical team. At present, there is insufficient evidence to allow strong scientific conclusions regarding the superiority or added value of computer assisted technologies for orthopedic surgery compared to conventional methods. In this case, the medical records do not provide a clinical rationale that establishes the medical necessity and appropriateness of a procedure that is not recommended within the evidence based guidelines. Furthermore, the medical records do not establish the patient is a viable candidate for knee arthroplasty. According to the 5/1/2014 orthopedic report, the patient does not have any limitations with ADLS. She is retired, she does not work. According to the medical reports, knee pain is intermittent and she has near full ROM and no strength deficits. The medical records indicate the patient does not have nighttime pain, she obtains pain relief with conservative care, and has no documented functional limitations. Furthermore, the patient has multiple significant co-morbidities including hypertension, diabetes, slow healing and thyroid condition. The medical records do not establish that knee arthroplasty is medically necessary, and given her advanced age and co-morbidities, proceeding with elective surgical intervention is not supported. Therefore, this request is not medically necessary.

#### **Three day at Hospital: 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 and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hospital length of stay (LOS).

**Decision rationale:** The medical records do not establish this patient is candidate for the proposed right knee surgery. In absence of surgery, three day at a hospital is not warranted. Therefore, this request is not medically necessary.

**Pre Operative Medical Clearance with Hospital:** 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 and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

**Decision rationale:** In the absence of pending surgery, preoperative clearance is not medically indicated. Therefore, this request is not medically necessary.

**In Home Physical Therapy 3X 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 Knee and Leg Chapter.

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

**Decision rationale:** The requested right knee TKA is not supported by the medical records and therefore not recommended by the guidelines. Therefore, post-operative in home therapy is not warranted. Based on the above, this request is not medically necessary.

**In Home RTN for Evaluation:** 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 and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** The medical records have not established the requested right knee TKA is appropriate and medically necessary. Consequently, in absence of surgery, any requests relating to the surgery, post-operative care measures, are not warranted. Therefore, this request is not medically necessary.

**Medication Intake and Vitals 2 X 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 Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** The medical records have not established the requested right knee TKA is appropriate and medically necessary. Consequently, in absence of surgery, any requests relating to the surgery, post-operative care measures, are not warranted. Therefore, this request is not medically necessary.