

Case Number:	CM14-0094204		
Date Assigned:	07/25/2014	Date of Injury:	12/05/2011
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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 51-year-old female, supervising deputy probation officer, who sustained an injury on 12/5/11 while doing her usual and customary duties. The medical records provided for review document a working diagnosis of end stage right knee osteoarthritis. The office visit dated 5/8/14 noted that the claimant underwent left total knee arthroplasty on 3/27/13. The report documents complaints of pain localized to the medial aspect of the knee and on top of the knee. On exam, the knee popped and clicked, the claimant has a limp, 2+ effusion with varus deformity, range of motion was from 5-85 degrees, and there was crepitus with guarding and joint line tenderness. X-rays were documented to show joint space narrowing, subchondral sclerosis, and osteophyte formation in all three compartments. Documentation of conservative treatment has included Ibuprofen, Temazepam, the use of a cane, physical therapy, intraarticular injections, modified activities, and weight loss. The current request is for total knee arthroplasty of the right knee with computer-assisted navigation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Knee Arthroplasty of the Right Knee with CPU: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Joint Replacement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; 18th Edition; Knee & Leg chapter Knee joint replacement ODG Indications for Surgery -- Knee arthroplasty: Computer-assisted surgery.

Decision rationale: The request for right total knee arthroplasty with CPU is not recommended as medically necessary. The California MTUS and ACOEM Guidelines do not address computer assisted surgery. The Official Disability Guidelines do not support computer-assisted surgery as there is no peer reviewed studies or scientific evidence that this particular method of surgical intervention would be superior to the standard of care for total knee arthroplasty. Based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the computer assisted right total knee arthroplasty cannot be considered medically necessary.