

Case Number:	CM14-0114375		
Date Assigned:	08/04/2014	Date of Injury:	08/25/2009
Decision Date:	01/02/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 56 year old female who was injured on 8/25/2009. She was diagnosed with knee osteoarthritis. She was treated with medications and corticosteroid injections, but with minimal benefit. On 7/2/14, the worker was seen by her orthopedic specialist for a follow-up reporting her most recent knee injection was still providing some relief after almost 3 months, but that she was still experiencing left knee pain with walking up stairs and getting up from a seated position as well as with fast walking. She reported occasional catching and weakness episodes. She reported no attending physical therapy and not performing exercises at home. Her rated pain level was 4/10 on the pain scale which was unchanged from previous reports. X-rays of the knees showed left knee tricompartmental degenerative changes with medial compartment changes with greater loss of cartilage than the others. Physical examination findings included BMI 35.14 and stable knee joints. She was then recommended left knee arthroplasty and plans for pre-operation procedures as well as post-surgery procedures were discussed and requested. Specifically, a MAKOPlasty (robotic focal joint resurfacing) was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE MAKOPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY 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, MAKOPlasty AND Focal joint resurfacing

Decision rationale: The MTUS Guidelines do not address focal joint resurfacing for the treatment of osteoarthritis. The ODG, however, states that focal joint resurfacing, which is a procedure that involves limited amount of bone removed by the surface of the joint and replaced by a metal or metal/plastic implant as an alternative to unicompartmental knee replacement or total knee replacement, is not recommended due to lack of quality studies. The criteria for consideration of this procedure remains unclear, however, the exclusion criteria are: obesity, older than 65 years of age, those with rheumatoid arthritis, those with gross joint destruction, those with crystal arthropathy, those with chronic instability, greater than grade 2 changes to opposing tibia, significant damage to articular surfaces in other compartments, and diameter of lesion greater than 20 mm. In the case of this worker, MAKOPlasty does not seem to be the best choice of procedure considering her circumstances. Her BMI is greater than 35, which is a relative contraindication to MAKOPlasty, and she has radiological evidence of 3 compartments with significant degeneration, which is another relative contraindication to this resurfacing technique. Therefore, considering these factors, the MAKOPlasty and its associated requests (pre-op tests, post-op physical therapy, post-op sling, and post-op office visits) are all not medically appropriate or necessary. Dietary habit modifications for dramatic weight loss should be the primary treatment strategy for this individual, in the opinion of this reviewer.

OFFICE VISITS, POSTOP 90 DAYS: 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, MAKOPlasty AND Focal joint resurfacing

Decision rationale: The MTUS Guidelines do not address focal joint resurfacing for the treatment of Osteoarthritis. The ODG, however, states that focal joint resurfacing, which is a procedure that involves limited amount of bone removed by the surface of the joint and replaced by a metal or metal/plastic implant as an alternative to unicompartmental knee replacement or total knee replacement, is not recommended due to lack of quality studies. The criteria for consideration of this procedure remains unclear, however, the exclusion criteria are: obesity, older than 65 years of age, those with rheumatoid arthritis, those with gross joint destruction, those with crystal arthropathy, those with chronic instability, greater than grade 2 changes to opposing tibia, significant damage to articular surfaces in other compartments, and diameter of lesion greater than 20 mm. In the case of this worker, MAKOPlasty does not seem to be the best choice of procedure considering her circumstances. Her BMI is greater than 35, which is a relative contraindication to MAKOPlasty, and she has radiological evidence of 3 compartments with significant degeneration, which is another relative contraindication to this resurfacing technique. Therefore, considering these factors, the MAKOPlasty and its associated requests (pre-op tests, post-op physical therapy, post-op sling, and post-op office visits) are all not

medically appropriate or necessary. Dietary habit modifications for dramatic weight loss should be the primary treatment strategy for this individual, in the opinion of this reviewer.

REMEDY STABLE SLING 90 DAYS: 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, MAKOPlasty AND Focal joint resurfacing

Decision rationale: The MTUS Guidelines do not address focal joint resurfacing for the treatment of Osteoarthritis. The ODG, however, states that focal joint resurfacing, which is a procedure that involves limited amount of bone removed by the surface of the joint and replaced by a metal or metal/plastic implant as an alternative to unicompartmental knee replacement or total knee replacement, is not recommended due to lack of quality studies. The criteria for consideration of this procedure remains unclear, however, the exclusion criteria are: obesity, older than 65 years of age, those with rheumatoid arthritis, those with gross joint destruction, those with crystal arthropathy, those with chronic instability, greater than grade 2 changes to opposing tibia, significant damage to articular surfaces in other compartments, and diameter of lesion greater than 20 mm. In the case of this worker, MAKOPlasty does not seem to be the best choice of procedure considering her circumstances. Her BMI is greater than 35, which is a relative contraindication to MAKOPlasty, and she has radiological evidence of 3 compartments with significant degeneration, which is another relative contraindication to this resurfacing technique. Therefore, considering these factors, the MAKOPlasty and its associated requests (pre-op tests, post-op physical therapy, post-op sling, and post-op office visits) are all not medically appropriate or necessary. Dietary habit modifications for dramatic weight loss should be the primary treatment strategy for this individual, in the opinion of this reviewer.

PHYSICAL THERAPY 2X6 LEFT KNEE: 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, MAKOPlasty AND Focal joint resurfacing

Decision rationale: The MTUS Guidelines do not address focal joint resurfacing for the treatment of Osteoarthritis. The ODG, however, states that focal joint resurfacing, which is a procedure that involves limited amount of bone removed by the surface of the joint and replaced by a metal or metal/plastic implant as an alternative to unicompartmental knee replacement or total knee replacement, is not recommended due to lack of quality studies. The criteria for consideration of this procedure remains unclear, however, the exclusion criteria are: obesity, older than 65 years of age, those with rheumatoid arthritis, those with gross joint destruction,

those with crystal arthropathy, those with chronic instability, greater than grade 2 changes to opposing tibia, significant damage to articular surfaces in other compartments, and diameter of lesion greater than 20 mm. In the case of this worker, MAKOPlasty does not seem to be the best choice of procedure considering her circumstances. Her BMI is greater than 35, which is a relative contraindication to MAKOPlasty, and she has radiological evidence of 3 compartments with significant degeneration, which is another relative contraindication to this resurfacing technique. Therefore, considering these factors, the MAKOPlasty and its associated requests (pre-op tests, post-op physical therapy, post-op sling, and post-op office visits) are all not medically appropriate or necessary. Dietary habit modifications for dramatic weight loss should be the primary treatment strategy for this individual, in the opinion of this reviewer.

PRE-OP/EKG/LABS: 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, MAKOPlasty AND Focal joint resurfacing

Decision rationale: The MTUS Guidelines do not address focal joint resurfacing for the treatment of Osteoarthritis. The ODG, however, states that focal joint resurfacing, which is a procedure that involves limited amount of bone removed by the surface of the joint and replaced by a metal or metal/plastic implant as an alternative to unicompartamental knee replacement or total knee replacement, is not recommended due to lack of quality studies. The criteria for consideration of this procedure remains unclear, however, the exclusion criteria are: obesity, older than 65 years of age, those with rheumatoid arthritis, those with gross joint destruction, those with crystal arthropathy, those with chronic instability, greater than grade 2 changes to opposing tibia, significant damage to articular surfaces in other compartments, and diameter of lesion greater than 20 mm. In the case of this worker, MAKOPlasty does not seem to be the best choice of procedure considering her circumstances. Her BMI is greater than 35, which is a relative contraindication to MAKOPlasty, and she has radiological evidence of 3 compartments with significant degeneration, which is another relative contraindication to this resurfacing technique. Therefore, considering these factors, the MAKOPlasty and its associated requests (pre-op tests, post-op physical therapy, post-op sling, and post-op office visits) are all not medically appropriate or necessary. Dietary habit modifications for dramatic weight loss should be the primary treatment strategy for this individual, in the opinion of this reviewer.