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| Case Number: | CM14-0197357 | | |
| Date Assigned: | 12/05/2014 | Date of Injury: | 08/07/2013 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Spine Surgery and is licensed to practice in New York. 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:

Per the Claims Administrator's documentation, the injured worker is a 53 year old police officer who suffered a work related injury on 08/07/2013. He is 2 weeks status post right total knee replacement. Pin is rated at 3/5, and he has been doing physical therapy. Left knee pain is rated at 5/5, and the pain is worse with weight bearing and activity, and he complains of clicking and popping associated with the knee, as well as stiffness, motion loss, swelling, and difficulty with sitting, standing, and walking for prolonged periods. He reportedly has tried and failed all conservative treatments, including cortisone injections, viscous-supplementation injections, ice, heat, physical therapy, and anti-inflammatory medications. The pain is progressively worsening. Examination of the knee shows limited motion with guarding and crepitus through range of motion. There is positive bone deformity and 2+ effusion. The provider requests a left total knee replacement. The medical documentation available for review in the record relates to a series of 7 skin repair surgeries from 02/05/14 through 06/25/14 to repair defects status post MOHS surgery. The requested treatment is a left total knee arthroplasty with computer navigation. This treatment was denied by the Claims Administrator on 10/28/14 and was subsequently appealed for Independent Medical Review.

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 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Anticipating Chapter

Decision rationale: Guidelines do not support the use of computer navigation for total hip surgery. Medical literature has not supported improved outcomes with the use of computer navigation and total hip replacement surgery. Improved outcomes over conventional total hip replacement surgery have never been shown with computer navigation surgery. Computer navigation surgery for total hip replacement remains experimental and not supported by guidelines. Thus the case is considered not medically necessary.