

Case Number:	CM14-0203989		
Date Assigned:	12/16/2014	Date of Injury:	10/21/2002
Decision Date:	02/10/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/05/2014

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, has a subspecialty in Sports Medicine 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 injured worker is a 68-year-old male who reported an injury on 10/21/2002. The mechanism of injury was not provided within the submitted doc. A Request for Authorization form dated 10/28/2014 was provided within the submitted documentation. The rationale for the request was for evaluation for a unicompartamental knee replacement surgery. His diagnoses included severe medial compartment osteoarthritis with moderate patellofemoral osteoarthritis; right knee, and lumbar disc disease with mild radiculopathy. His past treatments were not provided within the submitted documentation. Pertinent diagnostic studies were not included within the submitted documentation. His surgical history was noncontributory. On 12/01/2014, the patient presented with right knee pain. Upon physical examination of the right knee, the patient was noted to have 3+ patellofemoral crepitus, exquisite medial joint line tenderness, and pain with hyperflexion. Additionally, the patient was noted to have mildly positive tension signs bilaterally. His current medication regimen was not submitted within the documentation received. The treatment plan included to have an MRI of the right knee as well as a CT scan with the MAKO protocol to determine if the patient is a candidate for a partial or total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mako CT scan for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Robotic assisted knee arthroplasty

Decision rationale: Request for a MAKO CT scan for the right knee is not medically necessary. Per California MTUS ACOEM, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is no documentation of the patient's participation in any conservation treatments and response to those treatments. The Official Disability Guidelines do not recommend robotic assisted knee arthroplasty recommended based on the body of evidence for medical outcomes, as 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. The physician is requesting a robotic assisted CT scan in anticipation of a right knee arthroplasty. Although it is noted that the requested service is being requested for preoperative planning, this procedure is not recommended by the guidelines. As this MAKOpasty is not recommended by the guidelines, there is no medical necessity for the requested MAKO CT scan for right knee at this time. As such, the request for MAKO CT scan for the right knee is not medically necessary.