

<b>Case Number:</b>	CM15-0100633		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 59 year old male, who sustained an industrial injury on 02/02/2009. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/02/2015 the injured worker has reported neck pain, low back pain, upper extremity pain and lower extremity pain. Activities of daily living were noted to limited due to pain. On examination of the left knee tenderness was noted. Per documentation, the injured worker underwent left knee arthroscopy in 02/2011 and revision on 03/15/2013. The diagnoses have included left knee pain and chronic pain - pain. Treatment to date has included medication, knee brace, injections, physical therapy, acupuncture and home exercise program. On 01/19/2015, provider visit the injured worker was seen in orthopedic clinic. He was noted to have achiness, pain and stiffness in left knee as a result of a fall on 11/13/2014 when his knee gave out. There was noted crepitus and well as a positive grind. Previous arthroscopic ports were well healed. The provider requested left knee arthroplasty with computer navigation with 3 day inpatient stay, associated surgical services: home health RN daily, home physical therapy 2x2, cold therapy unit x 21 day rental and CPM machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroplasty with computer navigation with 3 day inpatient stay: 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 ODG: Section: Knee, Topic: Computer assisted navigation surgery.

**Decision rationale:** Although the injured worker meets the ODG guidelines with regard to indications for a total knee arthroplasty of the left knee, computer navigation is not recommended based on the body of evidence for medical outcomes. 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. As such, computer assisted navigation surgery is not supported and the medical necessity has not been established.

**Associated surgical service: Home physical therapy 2 x 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** California MTUS chronic pain guidelines recommend home health services for otherwise recommended medical treatment for patients who are homebound on a part-time or intermittent basis. There is no indication that the injured worker will be homebound for 2 weeks. As such, the request for physical therapy as a home health service for 2 weeks is not supported and the medical necessity is not established.

**Associated surgical service: Home health RN daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** California MTUS chronic pain guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. The request as stated is for a registered nurse on a daily basis but the duration of the daily care is not specified. Furthermore, there is no indication that the injured worker will be homebound after surgery. As such the medical necessity of a daily RN for an unspecified period of time is not established.

**Associated surgical service: Cold therapy unit x 21 day rental: 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 ODG: Section: Knee, Topic: Continuous flow cryotherapy.

**Decision rationale:** ODG guidelines recommend continuous-flow cryotherapy as an option after knee surgery for 7 days. It reduces pain, inflammation, swelling, and the need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated is for a 21 day rental which is not supported. As such, the medical necessity of the request has not been substantiated.

**Associated surgical service: CPM machine:** 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 ODG Section: Knee, Topic: Continuous passive motion.

**Decision rationale:** ODG guidelines recommend continuous passive motion after a total knee arthroplasty for no more than 21 days including hospital and home use. Therefore, a 21 day rental of the CPM machine is appropriate and medically necessary. However, the request as stated does not specify rental or purchase, and also does not specify the duration of the rental. As such, the medical necessity of the request cannot be determined.