

Case Number:	CM15-0109370		
Date Assigned:	06/16/2015	Date of Injury:	04/26/2006
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, Indiana, Oregon
 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 58 year old male, who sustained an industrial injury on 4/26/2006. Diagnoses have included bilateral knee sprains, status post left knee arthroscopy, history of right knee arthroscopy and bilateral knee moderate to severe post-traumatic arthritis. Treatment to date has included physical therapy and a series of three right knee injections. The progress report from 3/12/2015 documented that the injured worker had temporary relief from a series of injections to his bilateral knees; however, after returning to work he had a recurrence of symptoms. According to the progress report dated 4/23/2015, the injured worker complained of pain to both knees, right greater than left. Exam of the right knee revealed tenderness. The injured worker was temporarily totally disabled. The discussion and treatment recommendations noted that the injured worker had been approved for right total knee arthroplasty with patient specific instrumentation. Authorization was requested for right total knee arthroplasty, pre-operative clearance, and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroplasty Using Patient-Specific Instrumentation: 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), Indication for Surge, Knee Arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of patient specific total knee. ODG knee and leg is referenced. Custom-fit total knee is under study. The procedure appears to be safe, but benefits have not been proven. There is lack of evidence that it is superior to conventional TKA and the cost is higher. In this case, patient specific total knee arthroplasty is requested. The procedure is not currently recommended by the guidelines and is therefore not medically necessary.

Pre-Operative Clearance with Internist: 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), Low Back, Preoperative Lab Testing, Preoperative Electrocardiogram ECG, and Website: www.guideline.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy (24-sessions, once a week for 24 weeks for the right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.