

Case Number:	CM15-0132986		
Date Assigned:	07/21/2015	Date of Injury:	07/01/2009
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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: Montana, Oregon, Idaho
 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 65 year old male who sustained an industrial/work injury on 7/1/09. He reported an initial complaint of right knee pain. The injured worker was diagnosed as having chronic pain and osteoarthritis in the knee. Treatment to date includes medication, diagnostics, surgery (right knee arthroscopy), physical therapy, and Euflexxa injections. Currently, the injured worker complained of increasing pain in the right knee, intermittent swelling, and occasional giving away episodes. Per the primary physician's report (PR-2) on 6/9/15, x-rays have shown bone-on-bone in the knee. Exam noted antalgic gait, mild effusion, maximum tenderness, crepitation with associated pain in the medial compartment of right knee on flexion/extension range of motion activity. Current plan of care included total knee arthroplasty. The requested treatments include Preoperative MRI Digital Templating (for total knee arthroplasty).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative MRI Digital Templating, Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

<http://www.ncbi.nlm.nih.gov/pubmed/21053892> Digital templating in primary total hip and knee arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg.

Decision rationale: According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The clinical information submitted for review indicates the physician requested the MRI prior to total knee replacement for templating. Specifically regarding the use of preoperative MR digital templating the CA/MTUS is silent. According to ODG knee and leg section, the routine use of preoperative three dimensional CT is not recommended for routine pre-surgical planning prior to TKA. The current trend in implant design addresses individual variation with 3-D modeling computed tomography scans. While these innovations may turn out to be worthwhile, their use is currently limited by their expense and debatable clinical significance. Results do not support the superiority of 3D preoperative templating over 2D conventional evaluation in predicting implant size, and 3D templating may not be necessary for preoperatively predicting implant size in TKA. Three dimensional MRI is not recommended as a separate procedure. There are no exceptional factors in the exam note of 6/9/15 to warrant non-adherence to the ACOEM recommendations. The request for preoperative knee MRI is therefore not medically necessary or appropriate.