

Case Number:	CM15-0144244		
Date Assigned:	08/05/2015	Date of Injury:	10/29/2013
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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: Illinois, California, Texas
 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:

This injured worker is a 78-year-old male who sustained an industrial injury on 10/29/13. Injury occurred while he was walking, going up and down stairs, having to frequently bend and twist, and both of his knees popped and cracked. Past medical history was positive for cancer of the prostate and bladder, diabetes mellitus and hypertension. He underwent left total knee replacement on 7/28/14. Records documented height and weight consistent with body mass index of 22.2 on 9/4/14. The 6/18/15 treating physician report cited progressive difficulties with the right knee including instability and difficulty getting out of a chair or going down stairs. Right knee exam documented range of motion 5-120 degrees, 3+ medial joint line and 2+ patellofemoral tenderness, patellofemoral crepitation, and trace effusion. X-rays showed significant medial and patellofemoral tenderness. The diagnosis was end stage medial and patellofemoral right knee osteoarthritis. The injured worker had failed physical therapy, bracing, corticosteroid injections, viscosupplementation and medications. Authorization was requested for right knee replacement with computer navigation system of OrthoAlign and OrthoSensor, assistant surgeon, pre-operative clearance, home health nursing one visit per week for 3 weeks, and 3-day inpatient stay. The 6/29/15 utilization review non-certified the right knee replacement with computer navigation and associated surgical requests as there was no documentation of nighttime joint pain or body mass index consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee replacement, using computer navigation system of OrthoAlign & OrthoSensor:
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 - Arthroplasty; Computer-assisted navigation surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee joint replacement; Robotic assisted knee arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines (ODG) recommends total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), nighttime joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. The ODG do not recommend computer assisted navigation 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. Robotic-assisted surgery is generally equivalent to, but not superior to, a standard or minimally invasive surgical approach, where the standard or minimally invasive surgical approach is itself supported by clinical evidence. This injured worker presents with persistent and function-limiting right knee pain. Clinical exam findings are consistent with imaging evidence of end-stage medial and patellofemoral osteoarthritis. Body mass index is consistent with guidelines. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Guideline criteria have been met for a left total knee replacement. However, current guidelines do not fully support computer navigation. There is no compelling rationale presented to support the medical necessity of computer navigation in the absence of guideline support or as an exception to guidelines. Therefore, this request is not medically necessary.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre operative clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Home Health Nursing, 1 visit wkly for 3 wks, 3 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

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

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Inpatient stay, 3 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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