

Case Number:	CM15-0180352		
Date Assigned:	09/22/2015	Date of Injury:	04/13/2010
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This 51 year old female sustained an industrial injury on 4-13-10. Documentation indicated that the injured worker was receiving treatment for bilateral knee patella chondromalacia. The injured worker underwent right knee arthroscopy with chondroplasty on 10-3-12 and right knee Fulkerson's procedure 9-4-13. The injured worker received postoperative physical therapy, Cortisone injections and Viscosupplement injections. Magnetic resonance imaging right knee (5-14-15) showed chondral loss involving the patellar surface, particularly at the median ridge where there were high grade to full thickness defects and associated subchondral marrow edema, with high grade chondral fissuring at the trochlear cartilage. In a PR-2 dated 8-17-15, the injured worker complained of continuing bilateral knee pain with popping and severe pain when using stairs and rising from a seated position. Physical exam was remarkable for right knee with weakness, severe crepitus, tenderness to palpation with patellofemoral compression, tenderness to palpation to the medial joint space and "decreased" range of motion. The physician noted that the injured worker had failed "conservative" treatment. The treatment plan included requesting authorization for MAKO plasty partial knee arthroplasty patellofemoral, medial compartment with associated surgical services and refilling medications (Vicodin and Relafen). On 9-4-15, Utilization Review noncertified a request for MAKO plasty right knee partial arthroplasty patellofemoral, medial compartment, MAKO scan, 3 day hospital stay after surgery, assistant surgeon, previous treatment included-op medical clearance, Mupirocin 2% 22g ointment x 5 days before surgery, one RN visit for Lovenox education, Lovenox 40mg #10, in home physical therapy x 3, postoperative therapy 3 x 4 and CPM rental times three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

One visit for RN for Lovenox education: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Lovenox 40mg #10: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Home therapy x 3 (in-home PT): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Post-op therapy 3 x 4: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: CPM rental x 3 weeks: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

MAKO plasty right knee partial arthroplasty patellofemoral: Upheld

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

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: CAMTUS/ACOEM is silent on the issue of computer assisted (robotic and navigation) assisted knee arthroplasty. Per ODG, computer assisted arthroplasty is currently not recommended as it has been shown to provide equivalent, but not superior outcomes to traditional knee arthroplasty. At present, there is insufficient evidence to allow strong scientific conclusions regarding the superiority or added value of computer assisted technologies for orthopedic surgery compared to conventional methods. As the request is not in keeping with guidelines, the request is not medically necessary.

Associated surgical services: Medial compartment, MAKO scan: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: 3 day hospital stay after surgery: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Pre-op medical 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Mupirocin 2% 22g ointment x 5 day before surgery: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.