

Case Number:	CM15-0020908		
Date Assigned:	03/16/2015	Date of Injury:	12/23/2012
Decision Date:	05/05/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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:

The injured worker is a 56-year-old male with a reported date of injury of 9/24/12. Past medical history was positive for possible inflammatory bowel disease and left cephalic venous thrombosis. The 1/10/13 left knee MRI documented severe degenerative changes in the left knee and erosive cortical cystic change. There was attenuation of the medial and lateral menisci likely secondary to prior meniscectomies. There was extensive full thickness cartilage loss in all three compartments, extensive chronic diffuse tearing of the anterior cruciate ligament, and degenerative changes and chronic partial thickness tearing of the posterior cruciate ligament without focal disruption. There was moderate to large knee effusion with moderate sized popliteal cyst. Body mass index was documented as 39.7 on 8/25/14. The 12/08/2014 treating physician report cited persistent pain in the left knee. Cardiology clearance was noted. Physical exam documented painful left knee range of motion. The diagnosis was degenerative joint disease left knee. The treatment plan included left total knee arthroplasty. The 1/12/15 utilization review non-certified the request for left total knee arthroplasty with computer navigation as there was insufficient clinical exam findings to meet guideline criteria for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty under computer navigation: 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).

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), night-time 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 patient presents with a history of chronic function-limiting left knee pain with imaging evidence of extensive tri-compartmental degenerative changes. There is reported painful and limited range of motion. Body mass index was within guideline criteria. Records suggest that reasonable conservative treatment has been tried and has failed. Although total knee arthroplasty may be reasonable for this injured worker, the use of computer navigation is not recommended by guidelines. There is no compelling reason presented to support the medical necessity of computer-assisted navigation in the absence of guideline support. Therefore, this request is not medically necessary.