

Case Number:	CM15-0032885		
Date Assigned:	02/26/2015	Date of Injury:	06/07/2010
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 64-year-old female, who sustained an industrial injury on 6/07/2010. The diagnoses have included derangement of posterior horn of medial meniscus. Treatment to date has included conservative measures, including physical therapy, viscous injections, cortisone injections, non-steroidal anti-inflammatory medications, pain medications, and bracing. Currently, the injured worker complains of right knee pain, severity 5/5. She reported clicking and popping of the knee with walking. Physical exam revealed that she was neurologically intact from L2-S1 and walked with an antalgic gait. Right knee palpation showed severe tenderness on the medial, lateral, and patellofemoral joint lines and a large effusion. Range of motion was to 85 degrees flexion, with guarding and crepitus. Muscle strength was 4/5 and patellar tracking was normal. X-ray of the right knee was documented as showing joint space narrowing, subchondral sclerosis, and osteophyte formation, affecting all three compartments of the knee. Treatment plan included a right total knee arthroplasty. Current medication regime was not documented. Body mass index was not documented. A progress report, dated 2/25/2014, noted a height and weight, calculating to body mass index 32.6%. On 1/29/2015, Utilization Review non-certified a request for a 3 day inpatient-right total knee arthroplasty with computer navigation, noting the lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Day Inpatient Right Total Knee Arthroplasty with 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 (19th annual edition) & ODG Treatment in Workers' Comp (12th annual edition), 2014, Knee and Leg Chapter- Knee joint replacement, Length of Stay, Robotic assisted knee arthroplasty.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of computer assisted knee arthroplasty. According to the Official Disability Guidelines, Knee and Leg, Robotic assisted knee arthroplasty, it is "not recommended based on the body of evidence for medical outcomes but ODG generally recommends that surgical methods be based on the specific surgeon's skill and experience and his or her recommendation, as there is considerable variability in outcome. 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." As the guidelines do not support computer assisted knee arthroplasty, the determination is for non-certification.