

Case Number:	CM15-0041682		
Date Assigned:	03/11/2015	Date of Injury:	07/29/2010
Decision Date:	04/14/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/05/2015

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: New York
Certification(s)/Specialty: Internal Medicine

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 55 year old male injured worker suffered an industrial injury on 7/29/2010. The diagnosis was end stage osteoarthritis. The treatments were medications, physical therapy, intra-articular injections, and arthroscopy. The treating provider reported a total knee replacement is anticipated. There was a slight increase in the knee pain there and there was reduced range of motion and crepitus with tenderness of the joint. The requested treatment was MRI of the right knee with PSI protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee with PSI protocol: 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), Knee & Leg, Custom fit total knee (CPTK) replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Custom fit total knee (CFTK) replacement.

Decision rationale: Per ODG, Custom fit total knee replacement (CFTK) is awaiting higher quality trials. New technology using MRI allows the surgeon to place total knee replacement components into each patient's pre-arthritis natural alignment. Custom-fit total knee replacement appears to be a safe procedure for uncomplicated cases of osteoarthritis, but the benefits have not been proven. (Spencer, 2009) Although cost is a perceived barrier to using this technique, the results of this study suggest that some surgeons who use this technique may have reduced procedure time. (Mont, 2010) The custom fit total knee replacement is achieved in a few steps, before and during surgery. Prior to surgery, an MRI is performed to take very precise measurements of the patient's arthritic knee. Second, proprietary computer software creates a 3-D image of that knee, and then virtually corrects the deformity to return the knee to its pre-arthritis state. Third, a computerized 3-D image of the implant to be used in the patient's surgery is then matched to the anatomically correct virtual knee model. This helps determine the correct implant size and placement, based on the patient's own normal (non-arthritis) knee anatomy. Last, using all of this information, special cutting guides are created for the surgeon to use during the procedure. These patient-specific cutting guides, which are accurate to within a few millimeters, indicate to the surgeon exactly where to make bone cuts so that the knee replacement is customized for the individual patient. It costs more and there is a 6-week delay in scheduling to obtain the guides, but it can save some operating time, and some patients report faster recovery. There is no specific indication for the requested service at this time given the absence of medical proof of superior function with this method. Medical necessity for the requested service is not established. The requested service is not medically necessary.