

<b>Case Number:</b>	CM15-0058973		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	05/24/2008
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Minnesota, Florida  
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 53 year old male who sustained an industrial injury to the left knee on 5/24/08. The injured worker underwent a left anterior cruciate ligament reconstruction in the past. He has bilateral osteoarthritis of his knees. A corticosteroid injection of the right knee was reported to be beneficial in relieving pain. Treatments to date have included NSAIDs, swimming, physical therapy, rest, yoga, injections and home exercise program. Currently, the injured worker complains of left knee pain. The plan of care was for surgical intervention with removal of ACL related hardware and a left total knee arthroplasty with computer navigation. Utilization Review noncertified the request citing ODG guidelines. This is now appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Painful hardware removal and left TKA with computer navigation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. 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 ODG: Section: Knee, Topic: Total knee arthroplasty, computer assisted surgery.

**Decision rationale:** ODG indications for total knee arthroplasty include 2 of the 3 compartments are affected by osteoarthritis, conservative care including exercise therapy, supervised physical therapy or home rehabilitation exercises, and medications including NSAIDs or Viscosupplementation injections or corticosteroid injections PLUS subjective clinical findings of limited range of motion less than 90 for total knee replacement AND nighttime joint pain AND no pain relief with conservative care AND documentation of current functional limitations demonstrating necessity of intervention PLUS objective clinical findings of age over 50 and body mass index of less than 40 PLUS imaging clinical findings of osteoarthritis on standing x-ray documenting significant loss of chondral clear space in at least one of the 3 compartments with varus or valgus deformity an indication with additional strength. The injured worker does not meet the range of motion requirement and there is no recent documented physical therapy but a home exercise program has been documented. However, ODG guidelines do not recommend computer assisted surgery at this time. There are inadequate data out to permit scientific conclusions regarding computer assisted surgery. The term computer assisted musculoskeletal surgical navigational orthopedic procedure describes navigational systems that provide additional information during a procedure that attempt to further integrate preoperative planning with intraoperative execution. The most commonly performed orthopedic computer assisted surgeries appear to be an adjunct to fixation of pelvic, acetabular, or femoral fractures, and as an adjunct to hip and knee arthroplasty procedures. Based upon the ODG guidelines with regard to computer assisted surgeries, the request for a total knee arthroplasty with computer navigation is not supported and as such, is not medically necessary.