

<b>Case Number:</b>	CM15-0080990		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	11/07/1999
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: 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:

The injured worker is a 65-year-old female with an industrial injury dated 11/07/1999. The injured worker's diagnoses include end stage arthritis of the left knee and status post knee replacement of right knee in 2005. Treatment consisted of MRI of the left knee, x-ray of knee, lap band procedure in 2011 and periodic follow up visits. In the most recent progress note dated 11/20/2014, the injured worker reported left knee pain. X-ray of the knee revealed severe bone on bone collapse medial compartment of the left knee and significant arthritis of patellofemoral on the left. Physical exam revealed tenderness, crepitation, effusion and decrease range of motion of the left knee. The treating physician prescribed services for computer navigation for the left total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computer Navigation for the left total knee replacement: 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, Indications for Surgery, Knee Arthroplasty.

**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:** CA MTUS/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.