

Case Number:	CM14-0210835		
Date Assigned:	12/23/2014	Date of Injury:	07/05/2012
Decision Date:	02/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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, Sports 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 injured worker is a 64-year-old female who reported an injury on 07/11/2012. The mechanism of injury was not provided. On 12/04/2014, the patient presented for a followup. She noted that her range of motion of her right knee was getting better. Her left knee was giving out on her and was very painful. Examination of the right knee noted decreased tenderness and edema but flexion only to 70%. Examination of the left knee revealed crepitation and a guarded lateral McMurray's. Current medications included tramadol and Norco. There is painful range of motion noted. The injured worker appeared morbidly obese and ambulated with the use of a walker. The provider recommended a left knee arthroplasty with computer assisted navigation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroplasty with computer assisted navigation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

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, Robotic assisted knee arthroplasty.

Decision rationale: The Official Disability Guidelines do not recommend robotic assisted knee arthroplasty. It is not recommended based on the body of evidence for medical outcomes. The Official Disability Guidelines generally recommend that surgical methods be based on specific surgeon's skill and expertise on his/her recommendation. There is considerable variability and 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. The provider does not give a rationale for a computer assisted navigation. The surgical intervention is not supported by the referenced guidelines. As such, the medical necessity has not been established

Pre-operative cardiac clearance/EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Bedside commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SCD device & supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.