

<b>Case Number:</b>	CM14-0218171		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/23/2007
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Indiana, 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 injured worker is a 57 year old female with a date of injury on September 23, 2007. Results of the injury include neck pain, bilateral upper extremity pain, back pain, bilateral lower extremity pain. Diagnosis include status post mechanical fall, right lower extremity radiculopathy, right knee medial and lateral meniscal tear s/p right knee arthroscopy, second right knee arthroscopy, arthritis of the right knee, left knee degenerative arthritis, mid back pain, right shoulder impingement, and right ankle sprain. Treatment has included lumbar epidural injections. Magnetic Resonance Imaging scan of the right knee dated November 7, 2009 revealed tear posterior horn, medial meniscus extending to the inferior and superior articular surface and degenerative bone changes. Progress report dated August 26, 2014 showed range of motion to the cervical spine decreased with no significant atrophy to the bilateral upper extremities. Thoracolumbar spine showed decreased range of motion. Disability status was noted as MMI. The treatment plan included cortisone injection and possible surgery. Utilization review form dated December 3, 2014 non certified total knee arthroplasty due to noncompliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Total Knee Arthroplasty under computer navigation with 2-3 day inpatient hospital stay:** 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 and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Robotic assisted knee arthroplasty

**Decision rationale:** Pursuant to be Official Disability Guidelines, right total arthroplasty under computer navigation with a 2 to 3 day inpatient hospital stay is not medically necessary. Robotic assisted knee arthroplasty is not recommended based on the body of evidence from medical outcomes, but the Official Disability Guidelines generally recommends that surgical methods be based on specific surgeon's skill and experience and his or her recommendation as there is considerable variation outcome. There is insufficient evidence to conclude that orthopedic robotic assisted surgical procedures provide comparable or better outcomes to conventionally open or minimally invasive surgical procedures. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are status post mechanical fall; right lower extremity radiculopathy; right knee medial and lateral meniscal tear, status post right knee arthroscopy; second right knee arthroscopy; arthritis in the right knee; left knee degenerative arthritis; mid back pain; right shoulder impingement; and right ankle sprain. The documentation indicates the injured worker had right knee arthroscopies in 2010 and February 24, 2012. The documentation is partly illegible and 52 pages in length. The subjective complaints and October 20, 2014 progress note are limited to the right shoulder and the left knee (pain). The objective findings contained an MRI of the right shoulder scheduled for October 26, 2014. There was no physical examination performed. There was no mention of the proposed knee surgery in the most recent progress note. At this time, there is insufficient evidence to conclude that robotic assisted surgical procedure provides comparable or better outcomes to conventional open or minimally invasive procedures. The medical records do not document a clinical rationale to support the deviation from guideline recommendations for the requested computer-assisted right total arthroplasty with a 2 to 3 day inpatient stay. Consequently, absent clinical documentation to support the right total knee arthroplasty under computer navigation in contravention of the guidelines, right total arthroplasty under computer navigation with a 2 to 3 day inpatient hospital stay is not medically necessary.