

<b>Case Number:</b>	CM15-0120482		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 53 year old male who sustained an industrial injury on 06/30/2010. Mechanism of injury was a slip and fall, injuring his right knee. Diagnoses include right tricompartmental osteoarthritis. Treatment to date has included diagnostic studies, status post right knee arthroscopy on 02/01/2013, medications, cortisone injections, viscosupplementation injections, and a knee brace. Magnetic Resonance Imaging of the right knee done on 10/13/2014 revealed comminuted non-displaced fracture of the anterior lateral tibial plateau with concomitant bone marrow edema. There was diminutive posterior horn of the medial meniscus secondary to previous partial medial meniscectomy with residual post-operative changes, with oblique signal in the posterior horn of the lateral meniscus extending in inferior surface. There is full thickness cartilage loss was seen in the mid posterior medial femoral condyle. On 12/26/2014 a CT of the right knee due to prior surgery and recent fall revealed degenerative changes of the right knee. There were curvilinear areas of sclerosis involving the medial and lateral tibial plateaus, greater medially. These may be related to a subacute or chronic stress fracture. When this study was correlated with the prior MRI of the right knee, no findings suggestive of stress fractures were seen on the prior exam. On 02/10/2015 an unofficial report of X rays of the right knee showed medial compartment bone-on-bone arthritis, and preserved joint space at the lateral compartment. A physician progress note dated 05/07/2015 documents the injured worker complains of persistent knee pain. He is having some inability to ambulate due to the severe pain. He has been losing some weight. He is 6'3" and weighs 285 pounds. He has medial and lateral right knee joint line tenderness. Range of motion on the right is 0 to 90 degrees and left is from 0 to 120 degrees. The treatment plan included refilling of medications.

Treatment requested is for MAKO right unicompartmental vs total knee arthroplasty, Post op physical therapy 2x6, and Pre op medical clearance including labs, CBC, CMBP, UA, EKG and H&P.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MAKO right unicompartmental vs total knee arthroplasty: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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:** CAMTUS/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.

#### **Pre op medical clearance including labs, CBC, CMBP, UA, EKG and H&P: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

#### **Post op physical therapy 2x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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