

<b>Case Number:</b>	CM15-0047815		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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

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 63-year-old female who reported an injury on 10/16/2009. The mechanism of injury was the injured worker stepped into a box and fell backwards, catching the right toe of her foot under a storage unit. The diagnoses included osteoarthritis, traumatic arthropathy involving the lower leg, and pain in the joint involving the lower leg, as well as a tear of the medial cartilage of the meniscus. The injured worker underwent a left knee arthroplasty with navigation on 08/19/2014. The most recent documentation was dated 01/20/2015. The documentation indicated she had intermittent lateral and posterior aches in the left knee. The injured worker indicated her right knee was more painful and bothersome. The injured worker was noted to have a unicompartmental patellofemoral replacement in 07/2012 on the right knee. Diagnoses included knee osteoarthritis. The medications included Xarelto to take after surgery, oxycodone, Percocet, and transdermal scopolamine prior to surgery. Physical examination revealed a BMI of 23.21. The joints were noted to be stable to stress testing. There was no evidence of dislocation or subluxation in the right lower extremity. The injured worker was ambulating without assistance. The right knee examination revealed pain in the medial, lateral, and anterior side of the knee with a well-healed surgical scar. The injured worker underwent x-rays of the bilateral knees. The right patellofemoral replacement was well fixed and positioned with no signs of failure. The treatment plan included a right knee revision to a total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total Right Knee Arthroplasty with Computer Navigation: 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); Treatment Index, 13th Edition (web 2015), Knee & Leg, Robotic Assisted 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 & Leg Chapter, Robotic assisted knee arthroplasty, Knee Joint Replacement.

**Decision rationale:** The Official Disability Guidelines do not support the use of robotic assisted knee arthroplasty. It is not recommended based on the body of evidence of medical outcomes. Additionally, the guidelines for a knee joint replacement include there should be documentation of a failure of conservative care including exercise therapy and medications, plus limited range of motion of less than 90 degrees for a total knee replacement. There should be documentation of nighttime joint pain and no pain relief with conservative care. There should be documentation of current functional limitation demonstrating necessity for intervention, plus the injured worker should be over 50 years of age and have a body mass index of less than 40. There should be documentation of standing x-ray osteoarthritis or prior arthroscopy with chondral erosion or exposed bone. The clinical documentation submitted for review failed to provide documentation of exceptional factors. The documentation indicated the injured worker had an appropriate BMI and was over the age of 50. However, the physical examination failed to provide documentation of limited range of motion of less than 90 degrees. There was a lack of documentation that exercise therapy and medications had failed. There was a lack of documentation of no pain relief with conservative care. There was a lack of documentation of standing x-rays with significant loss. Given the above, the request for total right knee arthroplasty with computer navigation is not medically necessary.

**Assistant Surgeon: Upheld**

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

**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.

**Pre-Operative Labs: CBC, BMP, CMP, PT, PTT, UA and EKG: Upheld**

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

**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.

**Post-Operative Physical Therapy (12-sessions): Upheld**

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

**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.

**Associated Surgical Service: Crutches: Upheld**

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

**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.

**Associated Surgical Service: Xarelto 10mg (12 doses): Upheld**

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

**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.

**Inpatient Stay (2-days): Upheld**

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

**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.