

Case Number:	CM15-0098054		
Date Assigned:	05/29/2015	Date of Injury:	09/04/2012
Decision Date:	07/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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: Illinois, California, Texas
 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 59-year-old male who sustained an industrial injury on 9/4/12. Injury occurred when he shifted his weight while sedating a patient. Past medical history was positive for diabetes. Past medical history was positive for right knee arthroscopic partial medial meniscectomy on 2/15/13 and right knee arthroscopic partial medial meniscectomy and chondroplasty on 10/17/14. The 4/1/15 treating physician report indicated that the injured worker returned for follow-up after arthroscopic partial medial meniscectomy of the right knee and subsequent hyaluronic acid injections. He reported right knee swelling that had been worsening. He was back at work and working lots of overtime. He was using an unloader brace at work but had pain at the end of the day. Pain was actually worse than prior to the injections and he was having trouble sleeping due to pain. Physical exam documented antalgic gait, significant varus of the right knee, medial joint line tenderness, and no patellofemoral or lateral findings. X-rays showed obvious joint line narrowing and a lytic lesion of the medial femoral condyle consistent with an avascular necrosis. He had progressive medial osteoarthritis with joint line narrowing and failure to respond to conservative measures that had been completely maximized. The treatment plan recommended a unicompartmental knee replacement. Authorization was requested for partial medial knee MAKOpasty of the right knee, one surgical assistant, postoperative physical therapy, and two days in inpatient hospital stay. The 4/23/15 utilization review non-certified the partial medial knee MAKOpasty of the right knee and associated surgical requests as guidelines do not support this form of knee replacement. The 5/12/15 injured worker appeal letter stated that he had continued and increasing right knee since the date of

injury. Current pain grades were 9-10/10. He reported increased pain and swelling after work days as an RN in the Interventional Radiology Department. He had pain at night. Ibuprofen was no longer relieving pain and he was taking opioid medication still without much relief. He had osteoarthritis and avascular necrosis. The orthopedic surgeon had done multiple MAKOplasty procedures and this procedure was recognized by Medicare and private health plans. This procedure would require less rehabilitation and less time off work. The 5/28/15 treating physician appeal report indicated that the injured worker had been through conservative management with multiple injection and 2 knee arthroscopies. He had an isolated medial femoral condyle lesion with significant loss of medial joint space on x-rays. The request was made for a unicompartmental knee replacement using the MAKOplasty procedure. This technology had been used for years. Pain was worsening and he now needed Percocet to control the pain. Right knee exam documented significant medial joint line tenderness, mild effusion, good range of motion, full painfree range of motion, and normal gait. Authorization was again requested for the operation that was indicated by the joint replacement specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial Medial Knee MAKOplasty of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: Knee joint replacement; MAKOplasty; Robotic assisted knee arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines (ODG) recommends total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. The Official Disability Guidelines for MAKOplasty do not recommend computer assisted navigation based on the body of evidence for medical outcomes. 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. Robotic-assisted surgery is generally equivalent to, but not superior to, a standard or minimally invasive surgical approach, where the standard or minimally invasive surgical approach is itself supported by clinical evidence. Guideline criteria have not been met. This injured worker presents with medial right knee pain and swelling. There is evidence of night-time joint pain, no pain relief with conservative care, and functional limitation. There is reported radiographic evidence of right knee medial joint space narrowing and a medial femoral condyle lesion consistent with avascular necrosis. However, there is no loss of range of motion or documentation of a current body mass index under 40. There is no compelling reason presented to support the medical necessity of the MAKOplasty procedure over a standard unicompartmental knee replacement as an exception to

guidelines. Significant outcome differences regarding pain relief and functional improvement over and above non-navigated surgery have not been documented in large volume long term studies therefore this request is not medically necessary.

Associated service: One surgical assistant: 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 service: Twelve sessions of postoperative physical therapy for the right knee: 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 service: Two days in inpatient hospital stay: 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 and Leg: Hospital length of stay (LOS).

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