

<b>Case Number:</b>	CM15-0124474		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/09/1997
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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:

This injured worker is a 56-year-old female who sustained an industrial injury on 7/9/97. The mechanism of injury was not documented. Past surgical history was positive for right knee arthroscopy. The 2/12/15 right knee MRI impression documented postsurgical changes of extensive partial lateral meniscectomy with small vertical tears along the lateral meniscus posterior horn remnant. There were postsurgical changes of extensive partial medial meniscectomy with limited horizontal tearing through the inferior leaflet of the medial meniscus posterior horn remnant. There was a 12x9 mm poorly-margined region of high-grade cartilage loss along the central weight bearing portion of the medial femoral condyle, and advanced cartilage loss involving a majority of the patella and trochlea. Conservative treatment included bracing, physical therapy activity modification, and medications. The 5/28/15 treating physician report cited right knee pain over the patellofemoral joint with increased anterior knee pain. There was severe crepitus over the patellofemoral joint, and painful range of motion with flexion less than 90 degrees. The diagnosis was right knee chondromalacia. Authorization was requested for partial patellofemoral joint Makoplasty of the right knee with associated surgical requests for CT scan, surgical assistant, labs (unspecified), EKG, chest X-ray, post-op physical therapy x 8, clearance letter, and history and physical. The 6/17/15 utilization review non-certified the request for partial patellofemoral joint Makoplasty of the right knee as there were no X-rays showing severe patellofemoral osteoarthritis, no documentation of exercise, injection, or body mass index, and insufficient evidence to support robotic surgery of the knee. The 7/9/15 treating physician report cited right knee pain and popping. She had difficulty with stairs and rising from a chair.

She was performing home exercise as tolerated. Right knee exam documented pain with passive and active range of motion. Passive range of motion was 0-130 degrees. There was slight genu varus alignment, significant weakness, positive crepitus, and medial and patellofemoral compartment tenderness. Height and weight were consistent with body mass index under 30. The diagnosis was right knee chondromalacia status post right knee arthroscopy. The treating physician stated that the body of evidence in the literature is sparse regarding robotic knee arthroplasty but recently JBJS concluded that the robotic surgical results demonstrated improved alignment which correlated well with overall longevity especially relevant in the younger population. Surgery was again requested.

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

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

#### **Partial patellofemoral joint arthroplasty (R) knee: 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), Indications for surgery, Knee arthroplasty, Criteria for knee joint replacement.

**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; Robotic assisted knee arthroplasty.

**Decision rationale:** The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. 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 standing X-ray or arthroscopic findings of osteoarthritis. The ODG 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 for this procedure. The injured worker presents with persistent and function-limiting right knee pain. Clinical exam findings are consistent with reported imaging evidence of degenerative knee disease. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no documentation of standing X-rays or an operative report in the submitted records to evidence osteoarthritis limited to the patellofemoral compartment and support a unicompartmental knee joint replacement. The MRI suggested significant findings were also present in the medial compartment. Additionally, the 7/10/15 Official Disability Guidelines do not recommend robotic assisted knee arthroplasty as 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. Therefore, this request is not medically necessary at this time.

**Associated surgical service: CT scan: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Computed tomography (CT).

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

**Associated surgical service: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

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

**Associated surgical service: Labs (unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative testing (<http://emedicine.medscape.com/article/285191-overview#a1>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

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

**Associated surgical service: EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative testing (<http://emedicine.medscape.com/article/285191-overview#a1>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116 (3): 522-38.

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

**Associated surgical service: Chest Xray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative testing (<http://emedicine.medscape.com/article/285191-overview#a1>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria, routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

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

**Post-op physical therapy x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Associated surgical service: Clearance letter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative testing (<http://emedicine.medscape.com/article/285191-overview#a1>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

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

**Associated surgical clearance: 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 Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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