

<b>Case Number:</b>	CM13-0017800		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/17/2004
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services.

### 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 is a 53-year-old employee with an injury date of 2/17/04. He sustained an injury to the right knee for which documentation includes prior history including total joint replacement surgery occurring on 1/16/13. Post-operatively he has been treated with an aggressive course of formal physical therapy. A most recent clinical progress report available for review is a handwritten report from the treating orthopedic surgeon, [REDACTED], dated 9/20/13, that demonstrates 0-120<sup>°</sup> range of motion of the knee with no joint effusion. It states at that time that he should be transitioned to a strengthening program for the left knee. The patient describes three recent episodes of instability that made him "fall to the ground." Clinical imaging at that date was not documented. A prior assessment dated 7/19/13 gave the claimant a diagnosis of a possible need for polyethylene exchange to the knee with documented range of motion from 0-102<sup>°</sup> and tenderness noted over the iliotibial band with a negative knee effusion. The recommendations at that time were for a debridement of the right knee with a manipulation under anesthesia as well as need for an assistant surgeon for the procedure, use of a continued passive motion machine, a cryotherapy device for three months time, and eight sessions of post-operative physical therapy. Once again, imaging was not documented at that assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Debridement and Manipulation under Anesthesia Between 7/19/2013 and 10/7/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 343-344, 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG.).

**Decision rationale:** ACOEM Guidelines state "Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month; and Failure of exercise programs to increase range of motion and strength of the musculature around the knee." The Guidelines do not specifically address manipulation under anesthesia. When looking at the Official Disability Guidelines criteria, manipulation under anesthesia status post total joint replacement surgery would only be indicated with failure of conservative care and documentation of less than 90° of flexion. The claimant's range of motion was to 102° in July 2013 and 120° in September 2013. The range of motion as documented would not meet criteria for surgical referral as set forth in MTUS or the criteria for manipulation under anesthesia as set forth in Official Disability Guidelines. The request for right knee debridement and manipulation under anesthesia between 7/19/13 and 10/7/13 is not medically necessary and appropriate.

**1 Assistant Surgeon between 7/19/2013 and 10/7/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and the Centers for Medicare and Medicaid services, Physician Fee Schedule Search, CPT Code 29870 <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: Assistant Surgeon..

**Decision rationale:** Based on Milliman Care Guidelines, the role of an assistant surgeon for an arthroscopic debridement or manipulation under anesthesia is not supported in any setting. This request is not indicated. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 Continuous Passive Motion (CPM) between 7/19/2013 and 10/7/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) section..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure. .

**Decision rationale:** Based on Official Disability Guidelines, the role of continued passive motion would not be indicated as the necessity for operative and anesthetic procedure has not

been certified. The use of this post-operative modality would not be indicated. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 Cold Therapy Unit Between 7/19/2013 and 10/07/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) section..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure..

**Decision rationale:** When looking at Official Disability Guidelines criteria, a cryotherapy device would not be indicated. The role of a cryotherapy device is only indicated for up to seven days following surgical procedures to the knee. The role of a three month rental of the device would not be indicated in any setting. The surgical process in this case is not supported thus negating the need for any post-operative device as well. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**A series of 8 Post op Physical Therapy Sessions Between 7/19/13 and 10/7/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Post-operative physical therapy for the joint would not be indicated. MTUS Postsurgical Treatment Guidelines would indicate the role of up to twenty sessions of therapy following a manipulation under anesthesia to the knee. The requested process of manipulation in this case is not supported thus negating the need for any post-operative physical therapy. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.