

<b>Case Number:</b>	CM13-0029779		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Orthopaedic Surgery, has a subspecialty in Sports Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old female who reported an injury on 07/12/2012. The patient is currently diagnosed as status post left total knee replacement, pain in a joint of the lower extremity, osteoarthritis, ankylosis of the lower leg joint, and other complications due to internal joint prosthesis. The patient was recently seen by [REDACTED] on 11/15/2013. Physical examination revealed decreased tenderness over the medial parapatellar border, intact incision, 0 degree to 135 degree range of motion, negative instability, trace laxity with varus and valgus stress testing, improvement in quadriceps tone and girth, and no effusion. Treatment recommendations included continuation of current physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left total knee arthroplasty manipulation and one cortisone injection:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337 and 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** California MTUS Guidelines state referral to surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Invasive techniques such as needle aspiration of effusions and cortisone injections are not routinely indicated. Official Disability Guidelines state manipulation under anesthesia is recommended as an option for treatment of arthrofibrosis and/or after total knee arthroplasty. The patient did undergo a left total knee replacement on 06/25/2013. Therefore, the patient would currently meet criteria for a manipulation under anesthesia. However, there is no documentation of symptomatic or functional improvement from previous injections. Therefore, a repeat injection would not be determined as medically appropriate. As such, the request is non-certified.