

<b>Case Number:</b>	CM13-0035613		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/22/2006
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Texas, Indiana, Michigan, and Nebraska. 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 65-year-old female who reported an injury on 07/22/2006 the mechanism of injury was not provided for review. The submitted documentation indicates that the patient is status post right total knee replacement. The patient's most recent clinical evaluation documented that the patient had continued pain complaints of the bilateral knees with reduced range of motion described as +5 to 95 degrees in extension to flexion and tenderness to palpation along the medial and lateral joint lines with positive crepitus of the right knee. Patient's diagnoses included postoperative adhesions and possible subtle aseptic loosening of the right knee. The patient's treatment plan included a knee arthroscopy lysis of adhesions with manipulation under anesthesia and postoperative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient right knee arthroscopy, lysis of adhesions and manipulation: 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 Chapter, Manipulation Under Anesthesia

**Decision rationale:** Official Disability Guidelines do recommend the use of manipulation under anesthesia for patients who have had total knee arthroplasty. However, this type of surgical intervention is not recommended unless the patient has failed to respond to a period of conservative treatment to include exercise, physical therapy and joint injections. The clinical documentation submitted for review does not provide any evidence that the patient has had any active therapy or injection therapy to assist in restoring the patient's range of motion. It is noted that the patient has been prescribed medications to control pain; however, any other types of conservative treatment are not adequately addressed. Therefore, the need for manipulation under anesthesia at this time is not clearly determined. As such, the requested outpatient right knee arthroscopy, lysis of adhesions and manipulation are not medically necessary or appropriate.

**post operative physical therapy to the right knee 2 times a week for 4 weeks: 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:** As the requested surgical intervention is not supported by the documentation the requested ancillary service is also not supported.

**post operative durable medical equipment: cold therapy unit for purchase: 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:** As the requested surgical intervention is not supported by the documentation the requested ancillary service is also not supported.

**continuous passive motion rental 2 weeks: 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:** As the requested surgical intervention is not supported by the documentation the requested ancillary service is also not supported.