

<b>Case Number:</b>	CM13-0046551		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/16/2004
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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. 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:

This 65-year-old male sustained a right knee injury on 7/16/04 when he missed a step and fell, twisting his right knee. Additional injuries under treatment included cervical Final Determination Letter for IMR Case Number [REDACTED] 3 myofascial sprain, right shoulder partial supraspinatus tear and degenerative AC joint changes, bilateral carpal tunnel syndrome, status post right carpal tunnel release, osteoarthritis bilateral wrists, multilevel lumbar disc bulges, mild chronic T12 compression fracture, and left knee tricompartmental osteoarthritis and meniscal tears. The patient underwent right knee arthroscopic partial medial and lateral meniscectomy on 4/21/05, right total knee replacement 7/20/10, and right knee manipulation under anesthesia 10/19/10. The right total knee arthroplasty failed with mechanical loosening. He underwent revision of the right total knee arthroplasty on 8/12/13. The 8/26/13 treating physician report indicated the patient was doing poorly with only 60 degrees of flexion and -10 degrees of extension in the right knee. Manipulation under anesthesia was recommended. The 10/7/13 treating physician progress report indicated that the patient was doing poorly. Exam documented tenderness and right knee range of motion limited to 70 degrees of flexion and -15 degrees of extension. X-rays of the right knee and tibia showed no loosening of the components. The treating physician stated that patient was in severe need of a manipulation of the right knee under anesthesia. Physical therapy records indicated that post-operative treatment was initiated on 10/4/13 and approved for 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MANIPULATION UNDER ANESTHESIA WITH INTRA-ARTICULAR INJECTION FOR THE RIGHT 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), Section Knee & Leg Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Knee & Leg, Manipulation under anesthesia (MUA).

**Decision rationale:** Under consideration is a request for manipulation under anesthesia (MUA) with intra-articular injection for the right knee. The MTUS guidelines do not provide recommendation for MUA for chronic post-operative knee conditions. The Official Disability Guidelines recommend MUA as an option after total knee arthroplasty. Following total knee arthroplasty, some patients who fail to achieve >90 degrees of flexion in the early perioperative period, or after six weeks, may be considered candidates for manipulation of the knee under anesthesia. Guidelines indicate that MUA should be attempted only after a trial of conservative treatment has failed to restore motion and relieve pain. Guideline criteria have not been met. The employee was 7 weeks status post right total knee arthroplasty and had just begun physical therapy. As there was no evidence of failure to respond to conservative treatment, the medical necessity of manipulation under anesthesia had not been established as of 10/7/13. Therefore, this request for manipulation under anesthesia (MUA) with intra-articular injection for the right knee was not medically necessary.

**TWELVE (12) SESSIONS OF PHYSICAL THERAPY FOR 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.