

Case Number:	CM13-0049282		
Date Assigned:	12/27/2013	Date of Injury:	09/27/2008
Decision Date:	02/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/07/2013

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 Surgeon, has a subspecialty in Shoulder and Elbow 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:

The patient is a 58 year old female who reported an injury on 09/27/2008. The patient is diagnosed with left knee arthrofibrosis. The patient was seen by [REDACTED] on 10/31/2013. The patient reported increased pain and stiffness. Physical examination was not provided. Treatment recommendations included left knee manipulation under anesthesia, continuation of pain control as needed and weight bearing as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Manipulation under Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Manipulation under Anesthesia (MUA).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month and the failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines state manipulation under

anesthesia is recommended as an option for the treatment of arthrofibrosis and/or after a total knee arthroplasty. Manipulation under anesthesia of the knee should be attempted only after a trial of conservative care. As per the clinical documentation submitted, the patient is status post a left knee total arthroscopy. The patient is also diagnosed with left knee arthrofibrosis. However, there is no documentation of a recent failure to respond to at least 6 weeks of conservative treatment, including exercise, physical therapy and joint injections. The patient is greater than 3 years status post a total knee replacement, and the medical necessity for manipulation under anesthesia at this later date has not been established. Based on the clinical information received, the request is non-certified.

Physical Therapy 3x8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Manipulation under Anesthesia.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California MTUS Guidelines state that the initial course of therapy means 1/2 of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a manipulation under anesthesia includes 20 visits over 4 months. The current request for physical therapy 3 times per week for 8 weeks following manipulation under anesthesia exceeds the guideline recommendations for a total duration of treatment. Additionally, the patient's surgical procedure has not been authorized. Therefore, postoperative physical therapy is also not medically necessary. Therefore, the request is non-certified.