

<b>Case Number:</b>	CM13-0057242		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/15/2006
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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:

The claimant is a 55-year-old gentleman who was injured on April 15, 2006. Clinical records for review include a September 17, 2013, progress report where the claimant was noted to be with diagnoses of right knee osteoarthritis status post right total knee replacement on December 28, 2012. Physical examination findings to the knee showed 0 to 89 degrees range of motion, tenderness at end points of flexion and pain with palpation. Given the claimant's continued findings, a manipulation under anesthesia with lysis of adhesions procedure was recommended due to claimant's ongoing complaints of pain. Records indicate a recent course of formal physical therapy, medication management and activity restrictions. The clinical imaging from January 10, 2013, included plain film radiographs that showed implant to be in place and within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OPERATIVE MEDICAL CLEARANCE:** 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.

**RIGHT KNEE MANIPULATION UNDER ANESTHESIA WITH LYSIS OF ADHESION:** 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), Knee And Leg: Manipulation Under Anesthesia.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)--Treatment In Workers Comp (TWC), 18th Edition, 2013 Updates: Knee Procedure.

**Decision rationale:** The California ACOEM Guidelines supported by the Official Disability Guideline criteria do not support the role of an arthroscopic lysis of adhesions and manipulation under anesthesia. While clinical guidelines can support the role of manipulation under anesthesia for recalcitrant care following joint arthroplasty where range of motion remains limited to less than 90 degrees, there is currently no documentation or need for surgical process to include an arthroscopic lysis of adhesions. This form of intervention for a diagnosis of arthrofibrosis has no documentation of evidence based support for its efficacy in conjunction or as a stand-alone procedure. The specific request is not indicated at this time. Therefore, the requested services are not medically necessary or appropriate.