MAXIMUS Federal Services

Case Number:	CM13-0061837		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2011
Decision Date:	04/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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. 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 57-year-old female who reported an injury on 08/01/2011. The mechanism of injury was not provided for review. The patient ultimately underwent a right knee total arthroplasty. However, the patient had significantly limited range of motion and underwent a right knee manipulation under anesthesia with lysis of adhesions. It was noted that the patient had physical therapy and used a continuous passive motion machine post surgically. The patient's evaluation in 10/2013 documented that the patient was making steady improvement post surgically with a range of motion of 0 to 75 degrees. The patient was again evaluated in 11/2013, and it was noted that the patient continued to have stiffness with flexion; however, she could fully extend her knee. The patient's range of motion was described as 0 to 85 degrees. A request was made for an additional manipulation under anesthesia with corticosteroid injection to assist the patient in regaining further knee range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for manipulation under anesthesia to 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).

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.

Decision rationale: The requested manipulation under anesthesia to the right knee is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has already undergone manipulation under anesthesia status post a total knee replacement. The Official Disability Guidelines recommend a single treatment of manipulation under anesthesia to assist in pain control and range of motion restoration. However, serial treatments are not supported by guideline recommendations. As the patient has already undergone this treatment modality, additional manipulation under anesthesia would not be supported. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested manipulation under anesthesia to the right knee is not medically necessary or appropriate.

The request for a cortisone injection to the 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.

The request for a continuous passive motion unit for the right knee (daily rental): 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.

The request for post-operative physical therapy to the right knee (twice per week): 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.