MAXIMUS Federal Services

Case Number:	CM14-0101476		
Date Assigned:	09/16/2014	Date of Injury:	11/13/2013
Decision Date:	10/21/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 injured worker is 32-year-old male who reported an injury on 11/13/2013 due to a fall down some stairs. The injured worker has a diagnosis of knee pain. The past medical treatment consists of surgery, physical therapy, and medication therapy. The medications include ibuprofen, Norco, Trazodone, and Nucynta. The injured worker underwent left knee ACL tear repair on 04/07/2014. On 09/12/2014, the injured worker complained of knee pain. It was noted on the physical examination that the injured worker rated his pain at a 3/10 with medication and 6/10 without. The physical examination of the left knee revealed surgical scars. Crepitus was noted with active movement. Tenderness to palpation was noted over the lateral joint line and medial joint line. There was mild effusion in the left knee joint. Patellar grind test was positive and McMurray's test was positive. The medical treatment plan is for the injured worker to undergo manipulation of the left knee under anesthesia and have use of a continuous passive motion machine for 3 weeks. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation of Left Knee Under Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for manipulation of the left knee under anesthesia is not medically necessary. According to the MTUS, controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercise after hospital discharge for total knee arthroplasty results in small to moderate short term, but not long term benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after the total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercise and exercise to increase range of motion of the joint. Sessions of manipulation under anesthesia are as follows: postsurgical treatment is 20 visits over 4 months and the postsurgical physical medicine treatment period is 6 months. The submitted documentation indicated that the injured worker underwent right knee arthroscopy in 04/2014. The provided documentation indicated that there was tenderness to palpation noted over the lateral joint line and medial joint line. However, there was no pertinent information suggesting that the injured worker was experiencing stiffness requiring manipulation under anesthesia. The provider failed to submit a rationale as to how the injured worker would benefit from manipulation under anesthesia. Furthermore, the request as submitted did not indicate how many sessions of manipulation the provider was requesting. Given the above, the injured worker is not within the recommended Guideline criteria. As such, the request is not medically necessary.

Continuous Passive Motion for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CPM (Continuous Passive Motion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Continuous passive motion (CPM).

Decision rationale: The request for continuous passive motion machine for 3 weeks is not medically necessary. ODG recommend CPM machines for the following: total knee arthroplasty, anterior cruciate ligament reconstruction, open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint, or under conditions of low postoperative mobility or inability to comply with rehabilitation exercise following a total knee arthroplasty or revision. This may include patients with complex regional pain syndrome; extensive arthrofibrosis or tendon fibrosis; and/or physical, mental, or behavioral inability to participate in active physical therapy. The documentation indicated that the injured worker underwent total knee arthroplasty in 04/2014. However, there was no indication as to how the provider felt the CPM machine would benefit the injured worker. Additionally, the request as submitted did not indicate a frequency or duration of the use of the machine. As such, the request is not medically necessary.