

Case Number:	CM14-0012118		
Date Assigned:	02/21/2014	Date of Injury:	02/18/2008
Decision Date:	07/11/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine 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 patient is a 57-year-old female who has submitted a claim for Shoulder Periarthritis, and Tear of Medial Cartilage or Meniscus of Knee, Status Post Knee Arthroscopic Surgery, associated with an industrial injury date of February 18, 2008. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of left anterior knee, right posterior shoulder, and right anterior shoulder pain. The patient used a cane for ambulation. On physical examination, there was tenderness of the right medial joint line with edema. Left knee and right shoulder range of motion was limited. There was weakness of knee extension and flexion. Treatment to date has included medications, right shoulder arthroscopic surgery, left total knee replacement, left knee lysis of adhesions and manipulation under anesthesia (August 9, 2013), and postoperative physical therapy. Utilization review from January 17, 2014 denied the request for manipulation under anesthesia of the left knee because the number of previous physical therapy treatments was not specified and because the patient underwent previous manipulation under anesthesia and the guidelines recommend a single treatment session only.

IMR ISSUES, DECISIONS AND RATIONALES

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

MANIPULATION UNDER ANESTHESIA OF LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS does not specifically address manipulation under anesthesia (MUA). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that MUA is recommended as an option for treatment of arthrofibrosis and/or after total knee arthroplasty. MUA of the knee should be attempted only after a trial (six weeks or more) of conservative treatment have failed to restore range of motion and relieve pain, and a single treatment session would then be recommended. 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. In this case, left knee manipulation under anesthesia (MUA) was requested because the patient continued to exhibit limited range of motion and knee pain following previous MUA, which provided benefit. However, there was no discussion regarding failure of conservative management. The patient is also no longer in the early perioperative period following total knee arthroplasty. Furthermore, the patient already underwent previous MUA on 8/9/13. However, guidelines state that only a single treatment session is recommended and not serial treatment sessions of the same joint. Therefore, the request for MANIPULATION UNDER ANESTHESIA OF LEFT KNEE is not medically necessary.