

Case Number:	CM14-0116542		
Date Assigned:	08/04/2014	Date of Injury:	03/08/2001
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 Orthopaedic 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 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:

This 61-year-old female clerk sustained an industrial injury on 3/8/01. The mechanism of injury was not documented. The patient was status post right total knee replacement on 8/16/07 with manipulation under anesthesia on 7/13/08, 11/24/08, and 1/11/10. The patient underwent right knee arthroscopic debridement, lateral release, partial medial release, and manipulation under anesthesia on 10/30/13. The 3/3/14 bilateral knee x-rays documented post-operative changes relative to the right total knee arthroplasty, advanced degenerative arthrosis of the medial compartment of the left knee, and varus malalignment of both knees. The 5/28/14 treating physician report indicated that the patient's condition had worsened, right more than left. She continued to have bilateral knee pain, stiffness, and weakness. Functional difficulty was reported in walking, driving, and getting up from a seated position. She was doing home exercises which prevented her condition from worsening. The treatment plan recommended physical therapy 2x6 including aquatic therapy due to persistent atrophy and weakness of the quadriceps mechanism. The 6/5/14 orthopedic report indicated that the patient was status post multiple surgeries and manipulations of the right knee. She was still having issues with grinding and stiffness. During surgery, the surgeon was able to manipulate the knee to 110 degrees. Objective findings documented full extension and flexion of 95-96 degrees. The knee was stable in flexion and extension. The treating physician opined that he had nothing more to offer than a possible open arthrotomy and removal of scar tissue which would be a rather big surgery. The 6/24/14 utilization review denied the left knee surgery and associated physical therapy as the patient failed to meet guideline recommendations with range of motion greater than 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia right knee #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Manipulation of Right Knee, Manipulation under anesthesia (MUA).

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, Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS do not provide recommendations for manipulation under anesthesia (MUA) following total knee replacement. The Official Disability Guidelines recommend manipulation under anesthesia as an option for the treatment of arthrofibrosis or after total knee arthroplasty. Following total knee arthroplasty, patients who fail to achieve >90 degrees of flexion after six weeks, may be considered candidates for manipulation of the knee under anesthesia. MUA of the knee should be attempted only after a trial (six weeks or more) of conservative treatment (exercise, physical therapy and joint injections) have failed to restore range of motion and relieve pain. Guideline criteria have not been met. This patient presents with range of motion greater than 90 degrees. There is no detailed documentation that the patient has completed a recent 6 week trial of conservative treatment. Therefore, this request is not medically necessary.

Open Arthrotomy, 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:Revision total knee arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bong MR, Di Cesare PE. Stiffness after total knee arthroplasty. J Am Acad Orthop Surg. 2004 May-Jun;12(3):164-71.

Decision rationale: The California MTUS, Official Disability Guidelines, and National Guideline Clearinghouse do not provide specific recommendations relative to arthrotomy and removal of scar tissue status post total knee replacement. Peer-reviewed medical literature indicates that arthroscopic or modified open lysis of adhesions can be considered for patients who fail to achieve adequate range of motion, defined as greater than 90 degrees of flexion. Peer-reviewed literature recommends physical therapy prior to surgical intervention. Guideline criteria have not been met. This patient presents with range of motion greater than 90 degrees. There is no detailed documentation that the patient has completed a recent trial of physical therapy that failed to improve range of motion. Therefore, this request is not medically necessary.

Physical Therapy right knee #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter.

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

Decision rationale: As the surgical request is not supported, this request is not medically necessary.