

<b>Case Number:</b>	CM14-0164755		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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 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 claimant is a 59-year old gentleman who sustained an injury to his right knee on 04/04/11. Medical records pertaining to the claimant's right knee revealed that he underwent total knee arthroplasty with the assistance of navigation on 01/10/14. Following surgery, the claimant attended more than 25 sessions of physical therapy. The progress report dated 08/14/14 noted minimal pain with walking but described severe pain in the lateral knee with flexion and instability going downstairs. Physical examination revealed full knee flexion and compression of the knee provided more stability and less pain. There was noted to be crepitation to the knee with tibial translation. Recommendation at that time was for an additional course of physical therapy, as well as soft tissue immobilization to the iliotibial band. Previous review of 7/29/2014 progress report describes 0 to 130 degrees range of motion. There was request, however, at that time for a manipulation under anesthesia? There is a request for authorization from the provider dated 10/7/2014 listing request for manipulation of knee joint. There is, unfortunately, no further documentation of clinical records or clinical findings related to the 10/7/2014 request in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation of right knee joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic) Chapter, Manipulation Under Anesthesia (MUA)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines: knee procedure - Knee joint replacement

**Decision rationale:** Based on the California ACOEM Guidelines, the request for manipulation of the right knee joint cannot be recommended as medically necessary. The medical records document that the claimant has subjective complaints of mid flexion instability; there is no documentation of imaging reports or clinical examination finding to support the need for manipulation of the knee joint. The Official Disability Guidelines recommend that revision procedures of the knee following arthroplasty are only indicated when there is clear evidence of failure of the implant, infection, and where the revision procedure would benefit both physical examination and imaging findings. Without documentation as mentioned above, the request for manipulation of the claimant's right knee joint is not medically necessary.