

Case Number:	CM14-0021519		
Date Assigned:	05/07/2014	Date of Injury:	10/08/2008
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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 54-year-old custodian who was injured in a work related accident 02/08/08. The medical records provided for review document current complaints of cervical spine pain, low back pain, bilateral shoulder and bilateral knee pain. Specific to this individual's left knee, a 12/20/13 progress report notes continued complaints of pain, stiffness, and swelling. Physical examination findings include a small joint diffusion, medial and lateral joint line tenderness, tenderness over the quadriceps and patellar tendon, and range of motion from 0 to 110 degrees. The records document that the claimant underwent a 08/26/09 left knee arthroscopy with partial medial and lateral meniscectomies. Conservative care in the postop period has included exercises, medication management, formal physical therapy, and corticosteroid injections. Due to the diagnosis of underlying arthrofibrosis, the recommendation was made for an arthroscopy with manipulation under anesthesia. The documentation did not include reports of recent imaging of the claimant's knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY WITH MANIPULATION UNDER ANESTHESIA (MUA), LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, web, Knee Manipulation under anesthesia (MUA).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-344.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, a knee arthroscopy with manipulation under anesthesia would not be supported. Records for review indicate this individual has previously undergone a knee arthroscopy in 2009 with no postoperative imaging available for review. At present, there would be no indication of physical examination finding or imaging finding that would support the acute need of an arthroscopy or a manipulation under anesthesia in this individual whose range of motion is from 0 to 110 degrees. The request is not medically necessary and appropriate.

POST-OPERATIVE PHYSICAL THERAPY, TWICE WEEKLY FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, web, Knee Manipulation under anesthesia (MUA).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed knee arthroscopy and manipulation under anesthesia is not recommended as medically necessary. Therefore, the request for postoperative physical therapy would not be necessary.