

Case Number:	CM14-0021698		
Date Assigned:	05/05/2014	Date of Injury:	09/04/2008
Decision Date:	07/21/2014	UR Denial Date:	01/20/2014
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 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 53-year-old male who has submitted a claim for lumbar disc disease, and osteoarthritis of lower extremities status post knee replacement associated with an industrial injury date of September 4, 2008. Medical records from 2013 to 2014 were reviewed. Patient complained of back pain and knee pain, graded 8/10 in severity. Patient reported persistent wound at the excision area of right knee status post arthroplasty. It was an infected wound secondary to stitch abscess. Physical exam showed normal skin turgor with the exception of the anterior aspect of the right knee, without surrounding erythema. The ligaments were stable. Full extension was noted and patient can actively flex right knee up to 110 degrees. There were no signs of deep venous thromboses. Diffuse mild swelling was noted. Distal limb was neurovascularly intact. Treatment to date has included total knee replacement on 9/26/2013, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLOSED MANIPULATION OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG).

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 Section, Manipulation Under Anesthesia.

Decision rationale: The Official Disability Guidelines (ODG) states that 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, the patient underwent right total knee replacement on 9/26/2013. Recent physical examination showed that ligaments were stable, active flexion of right knee is up to 110 degrees, with full extension. However, medical records submitted and reviewed failed to document indication for this request. Current range of motion of the right knee does not meet the criterion for MUA. The medical necessity was not established. Therefore, the request for closed manipulation of the right knee is not medically necessary and appropriate.