

Case Number:	CM14-0024706		
Date Assigned:	06/11/2014	Date of Injury:	06/02/2010
Decision Date:	07/30/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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:

This 71-year-old female sustained an industrial injury on 6/2/10. Injury was to both knees. The patient underwent left total knee arthroplasty on 10/2/13. The 1/17/14 physical therapy treatment note documented minimal pain in static postures. The patient had completed 13 sessions. The patient experienced severe difficulty in prolonged standing and moderate impairment in short distance ambulation. The lower extremity functional score was 25 indicative of complete activity limitation. Passive range of motion was 0-80 degrees, active -5 to 75 degrees. The 1/23/13 treating physician report cited on-going left knee pain and stiffness. Physical exam documented medial and lateral joint line tenderness and pain to varus and valgus stressing, but no instability. Knee range of motion was markedly limited with flexion to 100 degrees, extension 0. Quadriceps strength was 4/5 left and 5/5 right. The patient had completed her course of post-op physical therapy with significant pain and limited range of motion. The 2/14/14 utilization review denied the request for left knee manipulation under anesthesia based on the current range of motion findings and failure to meet guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT KNEE MANIPULATION UNDER ANESTHESIA (MUA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Treatment in Worker's Comp, Knee Procedure.

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 surgery in chronic knee conditions. The Official Disability Guidelines recommend manipulation under anesthesia (MUA) as an option for the treatment of arthrofibrosis and/or after total knee arthroplasty. Following total knee arthroplasty, patients who failed to achieve greater than 90 degrees of flexion after 6 weeks may be considered candidates for manipulation under anesthesia. Guideline criteria have not been met. The current documentation indicates that range of motion is improving with current motion of 0 to 100 degrees. Therefore, this request for outpatient left knee manipulation under anesthesia (MUA) is not medically necessary.