

<b>Case Number:</b>	CM14-0029448		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	12/08/2006
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 50-year-old, male, retired police officer sustained an industrial injury on 12/8/06. The mechanism of injury is not documented. Past medical history is significant for L3-4 laminectomy and for a motorcycle accident in 2013 resulting in left hand fracture, right rotator cuff tear and bicep tendon complete tear, and right clavicle fracture. The patient underwent left total knee arthroplasty on 11/12/13. The 1/22/14 left knee x-ray impression documented no definite evidence for acute displaced fracture, left total knee arthroplasty without evidence of hardware-related complication, and mild to moderate suprapatellar joint effusion. The 1/23/14 treating physician report cited left knee pain and stiffness which was not progressing with physical therapy. The injured worker's pain was sufficient to warrant an ER visit 1/22/14. Authorization was requested for manipulation under anesthesia and possible arthroscopy. The 2/11/14 utilization review denied the 1/23/14 request for left knee manipulation under anesthesia as there was insufficient clinical information, such as specific range of motion, to support the medical necessity of this request. The 2/27/14 physical therapy report cited extreme pain, edema, and frequent buckling (3-4 times per day) when walking. Active knee range of motion was -12 to 55 degrees, and increased to -5 to 70 degrees after physical therapy manual work and exercise. Left lower extremity strength was grossly 4- to 4/5. Significant functional difficulty was documented in ability to walk, squat, lift, carry, dress, and perform activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MANIPULATION OF THE LEFT KNEE UNDER ANESTHESIA #1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th Edition, 2014 Knee and leg, 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.

**Decision rationale:** Under consideration is a request for left knee manipulation under anesthesia (MUA). The California MTUS guidelines do not provide recommendations for chronic knee surgeries. The Official Disability Guidelines recommend MUA as an option for treatment of arthrofibrosis (an inflammatory condition that causes decreased motion), and/or after total knee arthroplasty. 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 been met. There is significant loss of range of motion with extreme pain status post total knee arthroplasty. Physical therapy has been provided for 14 visits post-operatively and has failed to restore range of motion. Therefore, this request for left knee manipulation under anesthesia is medically necessary.