

<b>Case Number:</b>	CM14-0039277		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 44-year-old gentleman who injured the right knee in a work related accident on May 31, 2011. The records provided for review include a recent clinical assessment of February 13, 2014 noting continued right knee complaints with ongoing pain. Examination showed 5 to 110 degrees range of motion with medial joint line tenderness. The report documents that the claimant has failed conservative care and the recommendation was made for knee arthroscopy and manipulation under anesthesia. The records document that the claimant was status post a prior knee arthroscopy and that the MR arthrogram of February 12, 2013 showed a prior anterior cruciate ligament graft with scarring of the medial collateral ligament but no documentation of meniscal pathology. No imaging reports were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy with manipulation outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 269.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13, Knee Complaints, page 344-345 and on the Non-MTUS

Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013  
Updates: knee procedure - Manipulation under anesthesia (MUA).

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the request for knee arthroscopy with manipulation cannot be recommended as medically necessary. Presently, manipulation under anesthesia is not supported by the Official Disability Guidelines except in the setting of postoperative joint arthroplasty. The routine role of manipulation given this claimant's clinical presentation of motion of over 100 degrees therefore would not be indicated. Also, there is no current documentation of imaging findings that would support the acute need for operative intervention

**Preop Medical clearance:** Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op Physical therapy 3 x 8 weeks:** Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.