

<b>Case Number:</b>	CM14-0039561		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Texas. 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 injured worker is a 32-year-old female who reported injury on 06/13/2011. Prior treatments included multiple manipulations, MRIs, and 2 surgical interventions. The mechanism of injury was a fall from a standing position. The injured worker underwent a right knee arthroscopy on 09/06/2013. The injured worker underwent a right knee manipulation under anesthesia on 12/27/2013. The documentation indicated the injured worker underwent a repeat arthroscopy, manipulation of the right knee, and chondroplasty to remove the lesion of the femoral condyle 10 days prior to 04/07/2014. The documentation indicated the injured worker underwent an MRI of the right in 04/2012. The physician documented the results showed a cyst on the right knee. Surgery was recommended. The injured worker had a repeat MRI of the right knee on 05/21/2013, which the physician documented the results were normal. The documentation of 02/27/2014, revealed the injured worker was still have problems with her knee. The injured worker had severe right knee that was starting to affect her right foot. It was indicated the injured worker got an MRI, which showed the injured worker had too much scar tissue in the center of the knee in the fat pad region next to where the repair was done. The injured worker had no synovitis and no effusion and had tenderness in the lower end of the patella and fat pad region. The flexion was 15 degrees to 70 degrees in extension and flexion. The physician documentation indicated the MRI showed a large and hard fat pad that was probably the cause of the injured worker's pain. The diagnosis included right knee internal derangement residual. The treatment plan included arthroscopic intra-articular surgery for both diagnosis and treatment and a manipulation under anesthesia, as well as medications and a urine toxicology. Documentation of 12/30/2013, revealed the injured worker was status post right knee manipulation times 3 days. There was no DWC form, RFA submitted for a repeat MRI, preoperative examination, or manipulation under anesthesia with arthroscopic lysis of adhesions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI.

**Decision rationale:** The Official Disability Guidelines indicate that a repeat MRI is necessary post surgically to assess knee cartilage repair tissue. The clinical documentation submitted for review indicated the injured worker had undergone multiple MRIs with the last one within normal limits. There was a lack of documentation including a Department of Workers' Compensation (DWC) form, RFA, or PR2 with a rationale for the requested procedure. Given the above, the request for repeat MRI right knee is not medically necessary.

**Pre-operative exam:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines "Referral for surgical consultation".

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Manipulation under anesthesia with arthroscopic lysis of adhesions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines "Referral for surgical consultation".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Manipulation under anesthesia.

**Decision rationale:** Official Disability Guidelines indicates that a manipulation under anesthesia is recommended as an option for treatment of arthrofibrosis and/or after a total knee arthroplasty. It should be attempted after a trial of 6 weeks or more of conservative treatment including exercise, physical therapy, and joint injections that have failed to restore range of motion and

relieve pain. A single treatment session would be recommended, not serial treatment sessions of the same bone/joint subsequently over a period of time. The physician documentation indicated the patient had an MRI which revealed scar tissue build up on the fat pad. However, the MRI was not provided for review. The clinical documentation submitted for review indicated the injured worker had failed previous manipulations under anesthesia, subsequent manipulations would not be recommended. There was lack of documented rationale for a subsequent manipulation under anesthesia. There was a lack of documentation indicating the patient had trialed and failed 6 weeks or more of conservative treatment including exercise, physical therapy, and joint injections. Given the above, the request for manipulation under anesthesia with arthroscopic lysis of adhesions is not medically necessary.