

Case Number:	CM14-0040343		
Date Assigned:	06/27/2014	Date of Injury:	09/01/2010
Decision Date:	09/23/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 Orthopedic Surgeon 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 51-year-old female who reported an injury on 09/01/2010 secondary to a fall. The current diagnoses include right knee chondromalacia patella and lumbar spine degenerative disc disease. The injured worker is noted to have undergone an arthroscopy of the right knee on 07/06/2011 and an additional arthroscopy of the right knee on 07/18/2012. Previous conservative treatment is noted to include medications and home exercise. The injured worker was evaluated on 03/06/2014 with complaints of persistent right knee pain and stiffness. Physical examination revealed decreased range of motion of the right knee with tenderness to palpation of the medial joint line. Treatment recommendations included a right knee arthroscopy with lysis of adhesions and manipulation under anesthesia. There were no official imaging studies provided for this review. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

right knee arthroplasty, lysis of adhesions, manipulation under anesthesia qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http:// www.ncbi.nih.gov/pubmed/8305107](http://www.ncbi.nih.gov/pubmed/8305107) arthroscopic lysis in knee arthrofibrosis Official Disability Guidelines knee & leg manipulation under anesthesia.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Joint Replacement, Manipulation Under Anesthesia.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. The Official Disability Guidelines state manipulation under anesthesia is recommended as an option for treatment of arthrofibrosis and/or after a total knee arthroplasty. Prior to a knee arthroplasty, conservative treatment should include exercise therapy and medication or viscosupplementation/steroid injections. There should be documentation of limited range of motion of less than 90 degrees and nighttime joint pain. There should also be evidence of osteoarthritis on standing x-ray or a previous arthroscopy report. The injured worker does not meet criteria for the requested procedure. There is no documentation of a failure to respond to conservative treatment including injections. There is also no documentation of limited range of motion less than 90 degrees and nighttime joint pain. There were no official imaging studies or x-rays provided for this review. Based on the clinical information received and the above-mentioned Guidelines, the request for right knee arthroplasty, lysis of adhesions, and manipulation under anesthesia qty 1 is not medically appropriate.

Post - op Physical Therapy 3 X/week X 4 weeks (12): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

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

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

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017. Decision based on Non-MTUS Citation Official Disability Guidelines knee & leg cold/heat packs.

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

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

continuous passive motion X3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines knee and leg.

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

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