

<b>Case Number:</b>	CM14-0045891		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 42-year-old male who reported an injury on 06/15/2010. The mechanism of injury was not stated. The mechanism of injury was not provided for review. The injured worker ultimately underwent total right knee arthroplasty followed by arthroplasty revision. The injured worker participated in physical therapy postoperatively in addition to dynamic splinting. The injured worker was evaluated on 03/11/2014. The physical findings included limited range of motion described as 15 degrees in extension to 110 degrees in flexion. The injured worker's diagnoses included status post complex revision and right total knee arthroplasty and right knee arthrofibrosis. As the patient was status post 6 months surgical intervention and had continued deficits despite physical therapy and Dyna bracing, manipulation under anesthesia was requested. The patient was evaluated on 05/12/2014. It was documented that the patient had range of motion described as negative 10 degrees in extension to 110 degrees in flexion. It was documented that the injured worker was not a candidate for corticosteroid injections due to a high risk of postsurgical infection. Manipulation under anesthesia was re-requested secondary to the development of arthrofibrosis of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation Under Anesthesia of Right Knee S/P Total Knee Athroplasty:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation ODG.

**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 Chapter, Manipulation Under Anesthesia.

**Decision rationale:** The requested manipulation under anesthesia of the right knee status post total knee arthroscopy is medically necessary and appropriate. California Medical Treatment Utilization Schedule does not address this surgical intervention. Official Disability Guidelines recommend manipulation under anesthesia following total knee arthroplasty when there was restricted range of motion despite an adequate course of conservative treatment. The clinical documentation submitted for review does indicate that the patient is almost 9 months status post total knee arthroplasty followed by revision with extensive conservative treatment to include aggressive physical therapy and Dyna splinting. The patient continues to have significantly limited range of motion and would benefit from manipulation under anesthesia. As such, the requested manipulation under anesthesia of the right knee status post total knee arthroplasty is certified.