

Case Number:	CM14-0056762		
Date Assigned:	07/09/2014	Date of Injury:	11/08/2011
Decision Date:	08/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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:

This is a 62-year-old female who sustained a vocational injury while working as a teacher. The documentation provided for review notes two injury date: November 8, 2001 and October 14, 2004. The claimant underwent right total knee arthroplasty on December 18, 2013 and her working diagnosis is status post total knee arthroplasty of the right knee with arthrofibrosis. An office note dated March 24, 2014 noted complaints of pain and stiffness in the right knee. Examination revealed an antalgic gait, swelling of the knee, and range of motion of -5 to 60 degrees. This request is for operative arthroscopy of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Operative arthroscopy of the right knee: Upheld

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

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 and Leg chapter: Arthroscopy-Diagnostic arthroscopy.

Decision rationale: Both the California ACOEM Guidelines and the Official Disability Guidelines recommend knee arthroscopy only after there is clear documentation that claimants

have failed a traditional course of first line conservative treatment. The medical records provided for review do not clearly define that the claimant has exhausted all conservative treatment. Also, arthroscopy after total knee is not traditionally recommended in the postoperative phase unless there is clear indication that it could provide adequate relief, which documentation currently does not support. Therefore, based on the documentation presented for review and in accordance with California MTUS/ACOEM and Official Disability Guidelines, the request for arthroscopy of the right knee cannot be considered medically necessary.

Lysis of adhesions of the right knee: Upheld

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

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 and Leg chapter Other Medical Treatment Guideline or Medical Evidence: Magit D, Wolff A, Sutton K, Medvecky MJ. Arthrofibrosis of the knee. J Am Acad Orthop Surg. 2007 Nov;15(11):682-94.

Decision rationale: The California ACOEM Guidelines and other scientific evidenced-based medicine would not support the request for lysis of adhesions of the right knee. There is a lack of clear documentation supporting that the claimant has attempted, failed and exhausted a traditional course of first line conservative treatment which should include anti-inflammatories, formal physical therapy, home exercise program, activity modification, and consideration of injection therapy. In addition, there is a lack of documentation supporting that there is abnormal physical examination objective findings or diagnostic studies confirming there is pathology following the total knee arthroplasty which would be amenable by the requested surgery of lysis of adhesions of the right knee. Therefore, based on the documentation presented for review and the California ACOEM Guidelines the request for lysis of adhesions for the right knee cannot be considered medically necessary.

Manipulation of the right knee under anesthesia: 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, Manipulation under Anesthesia (MUA).

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 and Leg Chapter, Manipulation under Anesthesia (MUA).

Decision rationale: The California ACOEM Guidelines do not directly request manipulation under anesthesia of the knee. The Official Disability Guidelines note that manipulation under anesthesia should only be considered after total knee arthroplasty within the first seventy-five days following the initial surgical intervention and after it is clear that documentation support that the claimant has failed, attempted and exhausted conservative treatment in the form of

physical therapy. Currently, the claimant is nearly 7 months following total right knee arthroplasty and it is not clear based on the documentation presented for review that manipulation under anesthesia would be beneficial at this time or in this setting. In addition, documentation also fails to support that the claimant has failed an exhaustive course of physical therapy prior to considering further surgical intervention. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the manipulation under anesthesia, the request for the right knee cannot be considered medically necessary.