

Case Number:	CM14-0187572		
Date Assigned:	11/17/2014	Date of Injury:	07/10/2012
Decision Date:	02/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/11/2014

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 injured worker is a 58-year-old male who reported an injury after he hit a metal step with his knee while exiting the cab of his truck on 07/10/2012. On 08/10/2014, he underwent a total right knee arthroplasty. On 10/13/2014, in a postoperative follow-up visit, he reported swelling and persistent pain to the right knee. His therapeutic interventions included Norco 10/325 mg, naproxen DR 500 mg, and physical therapy. Upon examination of the right knee, his deep tendon reflexes and coordination were normal. Tenderness was noted to be 1+ and generalized. There was no crepitus noted. The incision site was clean, dry and healed. His active range of motion flexion was 110 degrees and medial and lateral glide were 1+. The rationale for manipulation under anesthesia was due to this injured worker being unhappy with his knee range of motion. A Request for Authorization dated 10/13/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the right knee, twice weekly for five 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 (ODG), Knee Chapter

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

Decision rationale: The request for post-operative physical therapy for the right knee, twice weekly for five weeks, is not medically necessary. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

MUA for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Manipulation under anesthesia (MUA).

Decision rationale: The request for MUA for the right knee is not medically necessary. The Official Disability Guidelines recommend manipulation under anesthesia as an option for treatment only after a trial of 6 weeks or more of conservative treatment, including exercise, physical therapy, and joint injections, has failed to restore range of motion and relieve pain, and a single treatment would then be recommended. Following total knee arthroplasty, some patients who failed to achieve greater than 90 degrees of flexion in the early preoperative period or after 6 weeks may be considered candidates for MUA. Upon examination, it was noted that this injured worker had 110 degrees of flexion with active range of motion to his right knee. There was no documentation of failed trials of injections to the knee. Additionally, it is unclear from the submitted documentation whether or not he participated in a full 6 weeks of physical therapy. The clinical information submitted failed to meet the evidence based guidelines for the requested procedure. Therefore, this request for MUA for the right knee is not medically necessary.