

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0188109 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 03/01/2010 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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:

60 year old claimant with reported industrial injury of 3/1/10. Prior surgical history includes a left total knee arthroplasty on 7/17/13 and manipulation on 11/14/13. Diagnostic studies include radiographs of the knee with cemented total joint in good position and no loosening or complication. Progress report dated 9/23/14 demonstrates complaints of left knee achiness and stiffness. Exam of the left knee demonstrates a healed surgical incision. Range of motion demonstrates 5 degree of flexion contracture and 100 degrees of flexion. Recommendation is for knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic debridement and manipulation: 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), Treatment Index, 11th Edition(web), 2014 Knee, Manipulation under Anesthesia

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, Manipulation under anesthesia

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of manipulation under anesthesia. Per the ODG Knee and Leg, Manipulation under anesthesia, "Recommended as an option for treatment of arthrofibrosis (an inflammatory condition that causes decreased motion) and/or after total knee arthroplasty. MUA of the knee should be attempted only after a trial (six weeks or more) of conservative treatment (exercise, physical therapy and joint injections) have failed to restore range of motion and relieve pain, and a single treatment session would then be recommended, not serial treatment sessions of the same bone/joint subsequently over a period of time. Following total knee arthroplasty, some patients who fail to achieve >90 degrees of flexion in the early perioperative period, or after six weeks, may be considered candidates for manipulation of the knee under anesthesia." In this case there is insufficient evidence of failure of conservative management in the notes submitted from 9/23/14. In addition, the claimant has greater than 90 degrees of flexion. Until a conservative course of management has been properly documented, the determination is that the request is not medically necessary.

(Associated services) Physical Therapy Visits x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: CA MTUS/Post Surgical Treatment Guidelines, Knee, pages 24-25 states that following manipulation of the knee, 20 visits are recommended over 4 months. Guidelines recommend initially of the 20 visits or 10 visits. As the request exceeds the recommended initial visits, the determination is that the request is not medically necessary.