

<b>Case Number:</b>	CM14-0188165		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	04/07/2004
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Minnesota. 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 female worker was injured while being employed on 06/22/2004. She underwent bilateral total knee replacements on 01/11/2012. On re-evaluation by orthopedic surgeon on 10/23/2014 she complained of decreased range of motion of left knee and difficulty moving because of lack of motion from same. On examination her gait was normal, right knee was stable with decreased range of motion, no effusion or warmth noted. Documentation states diagnostic imaging was performed; however no evidence of same was submitted with this review. Her diagnosis was right knee arthroplasty clinically functionally well and left knee revision arthroplasty with stiffness. Limited documentation was submitted for this review. The documentation states that request for left knee manipulation under anesthesia, medical clearance and post-op physical therapy outpatient 3 times a week for 4 weeks were non-certified due to not being medically necessary. The reviewing physician referred to ODG guidelines and the lack of documentation of any recent conservative treatments resulting in requested services being not medical necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Manipulation 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 and Leg Chapter, Manipulation under anesthesia (MUA).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Section: Knee, Topic: Manipulation under anesthesia

**Decision rationale:** California MTUS does not address this issue. ODG guidelines recommend manipulation under anesthesia in the peri-operative period if the range of motion of the knee is 90 degrees or less and 6 weeks of post-operative conservative treatment including physical therapy and an exercise program have failed to increase the range of motion. This request is 2 years after surgery. Manipulation under anesthesia may be considered if all methods of physical therapy treatment have been exhausted. The documentation does not indicate any trial of physical therapy to improve the range of motion. As such the request for manipulation under anesthesia is not supported by guidelines and is not medically necessary.

**Associated surgical service: Medical Clearance is not:** 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) Section: Knee, Topic: Manipulation under anesthesia.

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

**Associates surgical service: Post-op PT outpatient 3 times a week for 4 weeks:** 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)Section: Knee, Topic: Manipulation under anesthesia.

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