

Case Number:	CM14-0218993		
Date Assigned:	01/09/2015	Date of Injury:	03/01/2010
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

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 60 year old male who sustained an industrial injury on 3/1/10. The injured worker reported symptoms including headaches, left knee, and neck pain. Treatments to date have included physical therapy, steroid injections, oral pain medications, and home exercises. On 5/26/10 the injured worker underwent arthroscopic medial meniscectomy and debridement. PR2 dated 9/23/14 noted the injured workers assessment of left knee as "stiff and uncomfortable" the treating physician is requesting a left knee arthroscopic debridement with manipulation to "improve his discomfort and range of motion." On 12/24/14 Utilization Review non-certified a left knee arthroscopic debridement with manipulation noting the California Medical Treatment Utilization Schedule (MTUS), American College of Occupation and Environmental Medicine (ACOEM) and Official Disability Guide (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic debridement with manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. Until a conservative course of management has been properly documented, the determination is for non-certification.