

<b>Case Number:</b>	CM15-0004801		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 67 year old male with an industrial injury dated 11/04/2011. On 11/05/2014 the injured worker presented for follow up with complaints of decreased range of motion in left knee. Left knee was swollen and warm. The injured worker was status post total knee replacement on 05/28/2014. Prior treatments include physical therapy, chiropractic treatments, exercise chair with bicycle attachment, Dyna splint and left total knee replacement. Diagnosis included right knee scope in 2010 and left total knee replacement in 2014. On 12/15/2014 Utilization Review non - certified the request for manipulation under anesthesia of left knee noting documentation contains very limited information on the most recent progress notes. There is no description of arthrofibrosis. Manipulation under anesthesia does not appear to be medically necessary at this time. Official Disability Guidelines were cited. The request for physical therapy 12 sessions 3 times 4 was modified to 6 sessions noting, given ongoing deficits, an additional six sessions would be appropriate to continue progressing in treatment for improved range of motion and restoration of function. MTUS was cited. On 01/09/2015 the injured worker submitted a request for MIR of the requested for manipulation under anesthesia of left knee and physical therapy 12 sessions 3 times 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Manipulation under anesthesia for the left knee: 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 & 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 Knee section, Manipulation under Anesthesia

**Decision rationale:** Pursuant to the Official Disability Guidelines, manipulation under anesthesia (MUA) is not medically necessary. Manipulation under anesthesia (MUA) is recommended as an option for treatment of arthrofibrosis and or after totally arthroplasty. MUA should be attempted only after trial (six weeks or more) of conservative treatment (exercise, PT and joint injections) have failed to restore range of motion and relieve pain and a single treatment session would then be recommended. The study advocates MUA should be used for stiff knee arthroplasty after failed physical therapy. This study concluded that MUA is a valuable technique to increase range of motion after total arthroplasty, patients with stiff knees, and all of the patients with reduced flexion after different forms of intra-articular knee surgical procedures. According to the study, after all methods of physical therapy treatment have been exhausted trying to develop range of motion after totally arthroplasty, MUA may be considered. In this case, the injured worker's working diagnoses are right knee sprain; right knee scope in 2010 (exact procedure unknown); s/p left knee internal derangement; and moderate to severe DJD PF joint per x-ray 11/2011. Subjectively, the injured worker complains of left knee decreased range of motion and flexibility. He uses a Dyna splint on a daily basis. Pain is 5 & 8/10 with weight bearing. The worker ambulates with a cane. Objectively, a large midline (illegible) scar is present. There is tenderness, swelling and warmth to the knee. Manipulation under anesthesia 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. The documentation is a 36 page medical record. There are no physical therapy notes in the record. There is no documentation of objective functional improvement or non-improvement with physical therapy and medical record. There is no clinical indication or rationale for manipulation under anesthesia (for the left knee). Consequently, absent clinical documentation to support manipulation under anesthesia for the left knee with failed physical therapy and/or other conservative measures, manipulation under anesthesia is not medically necessary.

### **Physical therapy, twelve (12) sessions (3x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain section, Physical therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 sessions three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if

the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right knee sprain; right knee scope in 2010 (exact procedure unknown); s/p left knee internal derangement; and moderate to severe DJD PF joint per x-ray 11/2011. Subjectively, the injured worker complains of left knee decreased range of motion and flexibility. He uses a Dyna splint on a daily basis. Pain is 5 & 8/10 with weight-bearing. The worker ambulates with a cane. Objectively, a large midline (illegible) scar is present. There is tenderness, swelling and warmth to the knee. The documentation in the medical record is handwritten and largely illegible (36 page medical record). The date of injury is November 4, 2011. There is no documentation of prior physical therapy given to the injured worker. The documentation does not contain prior physical therapy progress notes. The documentation does not contain evidence of objective functional improvement with physical therapy. If the injured worker has not received physical therapy to date, a six visit clinical trial is indicated to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. In the alternative, if the injured worker received physical therapy, additional physical therapy would be indicated if exceptional factors/compelling clinical facts were present in the medical record. There are no compelling clinical facts in the medical record to support additional physical therapy. Consequently, in either case, absent clinical documentation indicating the injured worker received physical therapy or, in the alternative, compelling clinical facts to warrant additional physical therapy, physical therapy 12 sessions three times per week for weeks is not medically necessary.