MAXIMUS Federal Services

Case Number:	CM15-0006356		
Date Assigned:	01/26/2015	Date of Injury:	07/17/2011
Decision Date:	04/02/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York
Certification(s)/Specialty: Neurological 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:

This 58 year old male sustained an industrial injury on 7/17/11. Diagnoses include right knee degenerative joint disease. He subsequently reported right knee pain. Prior treatments include right total knee arthroplasty surgery on 7/8/14, chiropractic therapy, acupuncture and physical therapy. The PR2 on 09/10/2014 indicated he had improved his range of motion of his knee up to 120 degrees and he was happy with his walking. On 09/23/2014, he underwent manipulation under anesthesia. The PR2 of 10/22 indicated he had knee flexion to 104 degrees. On 10/24, his provider indicated he would request another manipulation under anesthesia (MUA). The UR decision dated 12/15/14 non-certified the Post Operative Physical Therapy x 12 Sessions; 1. DME - Continuous Passive Motion - 21 Days; 1. R Knee Arthroscopy, Lysis of Adhesions, Manipulation under Anesthesia. The Post Operative Physical Therapy x 12 Sessions; 1 was denied based on MTUS Post Surgical Guidelines. The DME - Continuous Passive Motion -21 Days; 1 was denied based on ODG-TWC Knee and Leg guidelines. The R Knee Arthroscopy, Lysis of Adhesions, Manipulation under Anesthesia was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy x12 Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment right knee arthroscopy, lysis of adhesions, manipulation under anesthesia is not medically necessary and appropriate, then the requested post operative physical therapy 12 sessions is not medically necessary and appropriate.

Decision rationale: Since the requested treatment right knee arthroscopy, lysis of adhesions, manipulation under anesthesia is not medically necessary and appropriate. Then the requested post operative physical therapy x 12 sessions is not medically necessary and appropriate.

DME - Continuous Passive Motion -21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment right knee arthroscopy, lysis of adhesions, manipulation under anesthesia is not medically necessary and appropriate, then the requested treatment DME-continuous passive motion-21 days is not medically necessary and appropriate.

Decision rationale: Since the requested treatment right knee arthroscopy, lysis of adhesions, manipulation under anesthesia is not medically necessary and appropriate. Then the requested treatment DME-continuous passive motion-21 days is not medically necessary and appropriate.

Right Knee Arthroscopy, Lysis of Adhesions, Manipulation Under Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-WTC Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diagnostic athroscopy.

Decision rationale: The ODG guidelines recommend second look arthroscopy in cases of complications from anterior cruciate ligament repair or OATS only. This worker has had a knee replacement and undergone manipulation under anesthesia and with physical therapy had improved. The benefit of a second manipulation and arthroscopy before there has been time for other conservative measures to be used is problematic. Documentation is not provided about the worker's home exercise program or other conservative measures. Thus the requested treatment right knee arthroscopy, lysis of adhesions, manipulation under anesthesia is not medically necessary and appropriate.