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| <b>Case Number:</b>   | CM15-0102013 |                              |            |
| <b>Date Assigned:</b> | 06/04/2015   | <b>Date of Injury:</b>       | 01/29/2004 |
| <b>Decision Date:</b> | 07/09/2015   | <b>UR Denial Date:</b>       | 05/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/27/2015 |

### 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: Minnesota, Florida  
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 55 year old male, who sustained an industrial injury on 1/29/2004. The mechanism of injury is unknown. The injured worker was diagnosed as having left knee replacement in 2014 and leg pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medications. In a progress note dated 5/13/2015, the injured worker complains of left knee constant pain and decreased range of motion with calf pain and spasms. Physical examination showed pain with examination. The treating physician is requesting a left knee arthroscopy with manipulation under anesthesia, preoperative medical clearance, outpatient facility use and a 2-week rental of a continuous passive motion unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Left Knee Arthroscopy with MUA: Upheld**

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

**Decision rationale:** ODG guidelines indicate manipulation under anesthesia for treatment of arthrofibrosis after total knee arthroplasty. It should be attempted only after 6 weeks of conservative treatment including exercise, physical therapy, and joint injections have failed to restore range of motion and relieve pain. According to ODG, there are poorer outcomes with repeat manipulation under anesthesia versus a single manipulation under anesthesia. The manipulation if performed within 75 days of total knee arthroplasty is associated with better range of motion. The documentation indicates some total knee arthroplasty was performed on 2/10/2014 and manipulation under anesthesia was previously performed on 8/4/2014. He is now 16 months post total knee arthroplasty and the range of motion has not changed significantly since the previous manipulation under anesthesia. The guidelines indicate poor outcomes with repeat manipulation under anesthesia and after 75 days of the total knee arthroplasty. A recent progress note dated May 13, 2015 indicates left knee pain with range of motion 0-90. The range of motion was 0-100 in the past. He was complaining of calf pain and muscle spasms. The pain level was reported to be slight, occasional, with no compromise in activity. He was able to walk without support 2 or 3 blocks (10-15 minutes). There was no limp. In light of the above, a repeat manipulation under anesthesia 16 months after the total knee arthroplasty is not recommended. ODG guidelines recommend a single treatment session, not serial treatment sessions. The single treatment session has already been performed. As such, the request for a repeat manipulation under anesthesia and arthroscopy is not supported and the medical necessity of the request has not been substantiated.

**Pre-operative medical clearance:** 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 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.

**Facility - outpatient:** 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 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.

**2 week rental continuous passive motion machine:** 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 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.