

Case Number:	CM15-0103502		
Date Assigned:	06/08/2015	Date of Injury:	04/16/1994
Decision Date:	07/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 71-year-old who has filed a claim for chronic knee, elbow, wrist, shoulder, and thumb pain reportedly associated with an industrial injury of April 16, 1994. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for a knee manipulation under anesthesia procedure while apparently approving the request for Norco. A February 23, 2015 RFA form and associated progress note of the same date were referenced in the determination. The claims administrator contended that the diagnosis of arthrofibrosis set forth by the attending provider was inaccurate. The applicant's attorney subsequently appealed. In a February 23, 2015 RFA form, Norco, physical therapy and manipulation under anesthesia procedure in question were endorsed. In an associated progress note dated February 23, 2015, the applicant reported multifocal pain complaints including about the knee. Derivative complaints of anxiety and depression were reported. The applicant was described as having undergone an earlier failed knee arthroscopy with Norco, 24 sessions of physical therapy, and a knee manipulation under anesthesia procedure were endorsed. The applicant was placed off of work, on total temporary disability, for an additional 45 days. The applicant exhibited -3 to 124 degrees of left knee range of motion versus 0 to 139 degrees of right knee range of motion, it was suggested.

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 (Acute and Chronic): Manipulation Under Anesthesia (MUA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg 673.

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Disorders Chapter notes on page 673 that manipulation under anesthesia is recommended for select postoperative applicants with significantly reduced range of motion, here, however, the February 23, 2015 progress note did not, in fact, identify significantly reduced left knee range of motion. Rather, the applicant was described as possessed of -3 to 124 degrees of left knee range of motion. It did not appear that the applicant had significantly diminished enough left knee range of motion so as to justify the proposed manipulation under anesthesia procedure. Little to no narrative commentary accompanied the request for authorization. The attending provider did not expound or elaborate upon the request or set forth a compelling case for the same in the face of the applicant's seemingly well-preserved range of motion on or around the date in question. Therefore, the request is not medically necessary.