

<b>Case Number:</b>	CM15-0018136		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	03/02/2008
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male, who sustained an industrial injury on 3/2/08. He reported back, shoulder and knee injury. The injured worker was diagnosed as having cervical region disc disorder, internal derangement of right knee, adhesive capsulitis of right knee and left shoulder rotator cuff syndrome. Treatment to date has included right total knee (12/28/12), physical therapy, oral medications, cortisone injection, epidural steroid injections and activity restrictions. Currently, the injured worker complains of left shoulder pain, low back pain with numbness radiating to right thigh and right knee pain with stiffness. Physical exam noted surgical incisions of right knee with patellofemoral crepitus and tenderness of quadriceps and hamstrings and decreased range of motion. The treatment plan consisted of request for authorization for right knee manipulation under anesthesia, Norco prescription and a urine toxicology screen was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee manipulation under anesthesia:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 10/27/2014) Manipulation under Anesthesia (MUA).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Manipulation under anesthesia (MUA).

**Decision rationale:** Regarding the request for right knee MUA, CA MTUS does not address the issue. ODG cites that it is "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. Within the documentation available for review, there is a history of a total knee arthroplasty with significantly limited ROM despite conservative management including PT and corticosteroid injection. In light of the above, the currently requested right knee MUA is medically necessary.