

Case Number:	CM15-0139125		
Date Assigned:	07/29/2015	Date of Injury:	09/08/1968
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 70 year old male who sustained an industrial injury on 09/08/1968. The injured worker was diagnosed with left knee fibrous ankylosis and bilateral knee degenerative joint disease. The injured worker has a medical history of hypertension, diabetes mellitus and obstructive sleep apnea syndrome. The injured worker is status post a left total knee replacement with recent manipulation under anesthesia on February 13, 2015. Treatment to date has included diagnostic testing, surgery, extensive physical therapy, home exercise program, right knee viscosupplementation series in December 2014 and medications. According to the primary treating physician's progress report on June 18, 2015, the injured worker continues to experience bilateral knee symptoms. Examination noted flexion of the left knee at approximately 105 degrees with almost full extension. The previous manipulation in February 2015 increased the left knee flexion by approximately 15 degrees with support of physical therapy, active participation by the injured worker and the Dynasplint. Current medications are listed as Oxycodone and Celebrex. Treatment plan consists of continuing home exercise program, continuing Dynasplint rental, right knee viscosupplementation series and the current request for manipulation under anesthesia of the left knee, pre-operative testing with laboratory bloodwork and Electrocardiogram (EKG) and post-operative physical therapy for the left knee (8 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

One outpatient manipulation of 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 (Acute & Chronic) Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: CA MTUS/ACOEM Guidelines recommend manipulation under anesthesia (MUA) for those patients who fail to achieve greater than 90 degrees flexion after total knee arthroplasty. In this case, the patient was found to have 105 degrees flexion and full extension of the left knee at an office visit on 6/18/15. The patient has had two previous MUA for the left knee and the request is for a third. Guidelines do not support serial treatments of the same joint over time. In addition the patient does not meet criteria of achieving less than 90 degrees flexion. Therefore this request is not medically necessary.

Pre-operative testing to include: labs & Ekg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Eight sessions of post-operative physical therapy for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.