

<b>Case Number:</b>	CM15-0185030		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, Oregon, Washington  
 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:

This is a 53 year old female whose date of injury was 4-25-14. Medical documentation from 8-31-15 indicated the injured worker was treated for right arthrofibrosis. The injured worker had arthroscopic partial medial meniscectomy and anterior cruciate ligament reconstruction on 1-28-15. She reported worsening stiffness of the right knee with progressive loss of range of motion consistent with post-operative arthrofibrosis. She rated her right knee pain a 2 on a 10-point scale and noted that it was improving. Her pain improved with ice, elevation and rest. Prior treatment included pain medications and physical therapy. On physical examination the injured worker had trace effusion of the right knee with anterior tenderness of the knee. Her right knee range of motion to flexion was 115 degrees. Range of motion of the right knee to flexion on 8-3-15 and 7-15-15 was 115 degrees. A request for authorization for right knee manipulation under anesthesia, diagnostic arthroscopy, synovial debridement and synovectomy and one pre-operative visit with PA was received on September 11, 2015. On 9-14-15, the Utilization Review physician determined right knee manipulation under anesthesia, diagnostic arthroscopy, synovial debridement and synovectomy and one pre-operative visit with PA was not medically necessary based on CA MTUS and Official Disability Guidelines.

### 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, Diagnostic Arthroscopy, Synovial Debridement and Synovectomy: 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).

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

**Decision rationale:** CA MTUS/ACOEM Guidelines are silent on the issue of manipulation under anesthesia. Per the ODG Knee and Leg, Manipulation under anesthesia, "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." ODG states that in the multiply operated knee that arthroscopic or open debridement can be considered to achieve a higher success rate. In this case there is insufficient evidence of failure of conservative management in the notes submitted from 8-3-15 and 7-15-15. In addition the claimant has greater than 90 degrees of flexion. Until a conservative course of management has been properly documented, the determination is for not medically necessary.

**Pre-Op Visit with PA: 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).

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

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.