

<b>Case Number:</b>	CM15-0022403		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: 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 45 year old female, who sustained an industrial injury on 1/10/2013. The mechanism of injury was not noted. The diagnoses have included osteoarthritis, localized, primary, lower leg, and left total knee arthroplasty on 10/02/2014. Treatment to date has included surgical intervention and conservative measures. Currently, the injured worker complains of left knee pain, rated 10/10, with significant stiffness status post left knee replacement. Medications included Oxycontin and Percocet, with very little pain relief. Exam of the left knee noted range of motion from 10 degrees to 60 degrees of full arch range of motion. Her incision was well healed and slight tenderness was noted in the anterior medial and lateral aspect of the left knee. Her right knee noted well healed incisions, full range of motion, and some diffuse tenderness in the anterior aspect of the knee. Surgical intervention of the left knee, including an arthroscopy with debridement, with manipulation under anesthesia was requested. On 1/19/2015, Utilization Review non-certified a request for a left knee arthroscopy with debridement, noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with debridement:** 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), Arthroscopy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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. In this case there is insufficient evidence to support the use of arthroscopic debridement in addition to manipulation under anesthesia. Therefore, the determination is for non-certification.