

Case Number:	CM15-0217004		
Date Assigned:	11/06/2015	Date of Injury:	11/08/2010
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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: Minnesota, Florida

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 61 year old male, who sustained an industrial injury on 11-08-2010. He has reported injury to the low back and bilateral knees. The diagnoses have included status post right total knee replacement, in 04-2011; status post left total knee replacement, on 06-05-2013, with loss of range of motion; and status post spinal fusion L4-S1, on 03-22-2012. Treatment to date has included medications, diagnostics, home exercise program, physical therapy, trigger point injections, and surgical intervention. Medications have included Norco and Tramadol. An initial report from the treating physician, dated 10-22-2015, documented an evaluation with the injured worker. The injured worker reported that since the surgery, he has had problems with the left knee; he cannot regain his range of motion; he has had 36 sessions of physical therapy; the knee on occasion starts to slip; and he was scheduled for revision, and the surgery was canceled. Objective findings included active range of motion of the right knee is 0-130 degrees; active range of motion of the left knee is 0-105 degrees; no effusion; some thickening of soft tissue; no increased warmth; gait with +1 limp; and the x-ray of the left knee shows "comminuted left total knee replacement with large tibial component". The provider recommended left knee arthroscopy and manipulation. The treatment plan has included the request for post-operative physical therapy to the left knee, quantity: 25.00; and associated surgical service: ERMI (end range of motion improvement) flexionator (in weeks), quantity: 5.00. The original utilization review, dated 10-28-2015, modified the request for post-operative physical therapy to the left knee, quantity: 25.00, to post-operative physical therapy to the left knee, quantity: 10.00; and modified the request for associated surgical service: ERMI flexionator (in weeks), quantity: 5.00, to ERMI flexionator (in weeks), quantity: 3.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy to the left knee qty: 25.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: California MTUS postsurgical treatment guidelines recommend 20 visits over 4 months for manipulation under anesthesia. The initial course of therapy is one-half of these visits which is 10. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 10 visits may be prescribed. The request as stated is for 25 visits, which is not supported. As such, the medical necessity of the request has not been substantiated.

Associated surgical service: ERMI flexionator (in weeks) qty: 5.00: 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 Chapter, Flexionators (extensionators).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Flexionators.

Decision rationale: Per initial orthopedic evaluation of July 8, 2015 the injured worker is status post lumbar fusion in April 2012, status post right total knee replacement in 2011 with a good result and status post left total knee replacement in 2013 with persistent pain and discomfort as well as stiffness. A revision total knee replacement was discussed but it was advised that he consider an arthroscopic evaluation first to see if there is any pathology such as synovitis or adhesions that could be relieved with the scope. X-rays of the right and left knees revealed total knee components to be appropriately positioned with no evidence of obvious complications, specifically loosening. A report dated 10/22/2015 indicates a range of motion of the right knee was 0-130 and the left knee 0-105. He had 36 sessions of PT for the left knee but could not regain range of motion. On occasion the left knee starts to slip. Bone scan was negative for infection. There was no loosening. He was told the plastic insert was too thick. A request for left knee arthroscopy and manipulation was approved by utilization review on October 28, 2015. A request for postoperative physical therapy was modified to 10 visits and ERMI flexionater rental was modified to 3 weeks. With regard to the flexionater, ODG guidelines recommend the flexionater as an option in conjunction with physical therapy if 6 weeks of physical therapy alone has been unsuccessful in adequately correcting range of motion limitations secondary to

postoperative arthrofibrosis within 3 months of major knee surgery. And the specific range of motion limitations would be those causing functional limitations and return to work. Ongoing patient compliance with the device needs to be documented and device rental would be preferred. In this case, the injured worker is undergoing arthroscopy for lysis of adhesions and manipulation under anesthesia. Physical therapy has been approved postoperatively. The guidelines recommend prescription of a flexionater if 6 weeks of physical therapy is not successful in adequately correcting the range of motion. At this time, it is too soon to speculate as to what the range of motion will be after 6 weeks of physical therapy. Furthermore, the preoperative range of motion is 0-105 degrees which is sufficient for walking. The post-operative range of motion is likely to be greater. The injured worker is retired and return to work is not an issue. As such, the request for the ERMI flexionater rental for 5 weeks is not supported by guidelines and the medical necessity has not been substantiated.