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| Case Number: | CM15-0031069 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 08/21/2003 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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 62 year old male who sustained an industrial related injury on 8/21/03. 8/25/14 exam note demonstrates the injured worker had complaints of bilateral knee pain. The diagnosis was failed total knee arthroplasty. Treatment included a left total knee arthroplasty in 2010, physical therapy, a knee brace, 2 steroid injections, and activity modification. The treating physician requested left knee manipulation under anesthesia and left knee steroid injection. On 2/5/15 the requests were non-certified. Regarding left knee manipulation, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the guidelines state the results of manipulation under anesthesia in patients with many previous operations were significantly worse. The injured worker has had multiple left knee procedures. Therefore the request was on-certified. Regarding injections, the UR physician cited the MTUS and noted the medical records indicated 2 prior steroid injections failed to offer any improvement. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee manipulation under anesthesia: Upheld

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

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 preoperative period, or after six weeks, may be considered candidates for manipulation of the knee under anesthesia." In this case there is insufficient evidence of failure of conservative management in the notes submitted from 8/25/14. 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 non-certification.

Additional steroid injection to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: CA MTUS/ACOEM Chapter 13, pages 337, 346 states that cortisone injections are optional in the treatment of knee disorders but are not routinely indicated. The exam notes from 8/25/14 do not demonstrate prior success from two steroid injections to support the necessity of cortisone injection into the knee. In addition, there is a lack of conservative care given to the knee prior to the determination to warrant cortisone injection. The request therefore is not medically necessary and appropriate.