

Case Number:	CM15-0035220		
Date Assigned:	03/03/2015	Date of Injury:	11/09/2013
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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 66-year-old male with an industrial injury dated 11/09/2013, which resulted in an injury to the right knee. Diagnoses include degenerative joint disease right knee and adhesive capsulitis right knee. Diagnostic testing has included x-rays and a MRI of the right knee. Previous treatments have included conservative measures, medications, injections, sciatic and femoral nerve blocks (08/9/2014), total right knee arthroplasty (08/30/2014), and physical therapy. A progress note dated 12/03/2014, reports range of motion deficits in the right knee. The objective examination revealed tenderness over the medial joint line and medial collateral ligament, and range of motion deficits of 30°. The treating physician is requesting for knee manipulation under general anesthesia with arthroscopic synovectomy, and post-op physical therapy, which were denied by the utilization review. On 02/10/2015, Utilization Review non-certified a request for knee manipulation under general anesthesia with arthroscopic synovectomy, and post-op physical therapy (2 times 4), noting ACOEM and ODG guidelines were cited. On 02/24/2015, the injured worker submitted an application for IMR for review of knee manipulation under general anesthesia with arthroscopic synovectomy, and post-op physical therapy (2 times 4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee manipulation under anesthesia, arthroscopic synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtw/knee.htm>).

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. 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 12/3/14. Until a conservative course of management has been properly documented, the determination is for non-certification.

Post-op physical therapy 2 times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

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