

<b>Case Number:</b>	CM15-0040445		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Illinois, California, Texas  
 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 38-year-old male who sustained an industrial injury on 2/15/13. Injury occurred during a bicycle accident at work. He underwent left knee surgery on 7/1/13 with residual joint stiffness. He underwent a subsequent left knee arthroscopy with partial medial meniscectomy, resection of scar, femoral notch, fat pad and manipulation under anesthesia. He had completed 57 physical therapy visits since 5/9/14, including the use of a dynamic splint for knee flexion and extension. The 12/29/14 left knee MRI impression documented small joint effusion, mild tricompartmental osteoarthritic changes with mild chondromalacia, and a horizontal oblique tear of the posterior horn of the medial meniscus. There was evidence of prior arthroscopic surgery with scarring in the infrapatellar Hoffa's fat pad region. The 1/13/15 treating physician report cited continued left knee pain. He was status post medial meniscectomy and manipulation under anesthesia with a history of arthrofibrosis. Exam documented left quadriceps atrophy, pain with motion, medial and lateral joint line tenderness with mild effusion, and range of motion -10 to 115 degrees. The diagnosis was left knee meniscal tear with arthrofibrosis. The treatment plan was for left knee arthroscopy surgery with manipulation under anesthesia, post-op physical therapy, crutches and cold therapy unit. The 2/5/15 utilization review modified the request for left knee arthroscopy with manipulation under anesthesia to left knee arthroscopy without manipulation under anesthesia as the patient had previously undergone manipulation under anesthesia in the patient and it was not recommended for serial sessions. The request for post-op physical therapy 5x2 for the left knee was modified to 6 visits. The 2/17/15 treating physician report indicated the injured worker had left knee pain and stiffness. He was unable to

fully extend or flexion his knee. He continued to limp secondary to stiffness and pain. Physical exam documented significant left quadriceps atrophy, no instability, increased pain with motion, medial and lateral patellofemoral joint tenderness, and mild effusion. Range of motion was -10 to 115 degrees. The diagnosis was left knee meniscal tear with arthrofibrosis. The treatment plan recommended left knee arthroscopy with manipulation under anesthesia.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left knee arthroscopy with manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 (MUA).

**Decision rationale:** The California MTUS guidelines do not address knee manipulation under anesthesia. The Official Disability Guidelines recommend manipulation under anesthesia as an option for the treatment of arthrofibrosis. 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. Guideline criteria have not been met. This patient presents with persistent left knee pain and limited range of motion. He has been diagnosed with arthrofibrosis and has undergone at least one prior manipulation procedure. Clinical exam and imaging findings are consistent with a medial meniscus tear. The patient has previously undergone manipulation under anesthesia and serial treatments are not recommended. The 2/5/15 utilization review modified the request for left knee arthroscopy with manipulation to left knee arthroscopy without manipulation. There is no compelling reason to support the request for manipulation in the absence of guideline support. Therefore, this request is not medically necessary.

**Post-op physical therapy 5 x 2 for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 2/5/15

utilization review modified the request for 10 visits and certified 6 initial visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request is not medically necessary.