

Case Number:	CM15-0041844		
Date Assigned:	03/12/2015	Date of Injury:	04/11/2013
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old male, who sustained an industrial injury on April 11, 2013. He reported slipping and falling, injuring the right knee. The injured worker was diagnosed as having right knee arthropathy status post arthroscopic surgery with patellar tracking dysfunction, industrial injury with lumbar facet syndrome and lumbar radiculopathy, right ilio-tibial band syndrome, and right lower extremity radiculitis/neuritis. Treatment to date has included physical therapy, MRIs, laser therapy, right knee arthroscopy, and medication. Currently, the injured worker complains of right knee pain with inability to extend or flex the knee ostensibly, with low back pain due to his altered gait. The Treating Physician's report dated January 8, 2015, noted the injured worker with chronic right knee, hip and thigh pain. Lumbar spine evaluation was noted to show pinwheel testing and temperature testing revealing hypothesis over the right L4-S1 dermatome. Palpation elicited moderate pain levels at L1-L5/S1, with palpation over the bilateral paraspinal musculature eliciting moderate pain levels at T10-L5/S1. Bilateral straight leg raising tests produced low back pain, with all range of motion (ROM) of the lumbar region producing low back pain. Right knee examination was noted to show muscle testing weakness during extension graded at 2/5 and flexion graded at 1/5, with palpation revealing slight pain in the medial, lateral, and infrapatellar aspects. Orthopedic testing of the right knee revealed positive McMurray's grind, positive anterior drawer, and pain on medial and lateral deviation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Intra-articular knee steroid injection with manipulation under anesthesia (MUA):
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), Intra-articular corticosteroid injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Manipulation under anesthesia (MUA).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic right knee pain. Treatments have included arthroscopic surgery. He has pain with knee range of motion consistent with patellofemoral syndrome. When seen for an orthopedic evaluation in January 2015, knee range of motion lacked 5 degrees of extension. Manipulation under anesthesia (MUA) can be recommended as an option for treatment of arthrofibrosis, an inflammatory condition that causes decreased range of motion, or after total knee arthroplasty in patients who fail to achieve more than 90 degrees of flexion in the early preoperative period, or after six weeks. In this case, the claimant's range of motion is not significantly decreased and he has not undergone a knee replacement. Therefore, the requested manipulation under anesthesia with intra-articular steroid injection is not medically necessary.