

Case Number:	CM15-0085218		
Date Assigned:	05/07/2015	Date of Injury:	03/22/2010
Decision Date:	06/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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 65-year-old male with date of injury of March 22, 2010. The body part injured was the left knee. He underwent arthroscopy of the left knee on 7/24/2010 with partial medial and lateral meniscectomy. He subsequently underwent a left total knee arthroplasty for degenerative joint disease on 10/14/2014. Postoperatively he developed arthrofibrosis. The injured worker underwent arthroscopy of the left knee with extensive debridement, posterior cruciate ligament release, arthroscopic lateral release, and manipulation under anesthesia on March 4, 2014. At the time of surgery, 120° of flexion was achieved. Postoperatively he underwent physical therapy and also used a CPM machine. The progress report dated April 15, 2015 indicates pain levels of 4-8/10 and range of motion of the left knee 5-85°. 1+ effusion was noted. The physical therapist noticed that the injured worker was making a significant effort and suggested additional trial of manipulation under anesthesia. This was approved by utilization review. The disputed issues pertain to eight physical therapy visits that were not approved as 12 postoperative visits had already been approved. Another request for CPM 2-day rental was noncertified for two reasons. CPM use had been certified for 7-day rental on March 9, 2015. There was insufficient documentation to indicate an additional rental at this time. The second reason was lack of documentation of symptomatic or functional improvement from the prior rental. Therefore, the CPM rental was noncertified. These two requests have been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy (8-sessions, 2 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: With respect to the request for physical therapy, California MTUS postsurgical treatment guidelines indicate 20 visits over 4 months for manipulation under anesthesia. The initial course of therapy is 10 visits and then with documentation of continuing functional improvement, a subsequent course of therapy of 10 visits may be prescribed. The available documentation indicates that 12 visits have been certified by utilization review. As such, the request for eight visits is not supported and the medical necessity is not established.

Continuous Passive Motion (21-day rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous Passive Motion.

Decision rationale: ODG guidelines indicate criteria for the use of continuous passive motion devices for home use may be up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. CPM use is indicated following a total knee arthroplasty in patients with extensive arthrofibrosis or tendon fibrosis such as in this case. The injured worker is having the second manipulation under anesthesia. There is a history of extensive arthrofibrosis after the initial knee replacement surgery. He underwent manipulation under anesthesia and 120 of flexion was achieved. However, despite the use of continuous passive motion and physical therapy with full compliance, the range of motion was reported to be 85 of flexion on April 15, 2015. He is undergoing a second manipulation under anesthesia. In light of the history of extensive arthrofibrosis, a continuous passive motion machine is indicated. However, the guidelines indicate a maximum of 17 days for home use and the request as stated is for 21 days, which exceeds the guideline recommendation. As such, the medical necessity of the request has not been substantiated.